

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90148 035 ****50.00

DOCUMENT # L02000013991

i. Entity Name

JEAN SHOEMAKER ENTERPRISES, LLC



Principal Place of Business

255 GULFSTREAM AVE. APT. 506
SARASOTA FL 34236

Mailing Address

1255 GULFSTREAM AVE. APT. 506
SARASOTA FL 34236

Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (4/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOEMAKER, JEAN
1255 GULFSTREAM AVE. APT. 506
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
<p><input type="checkbox"/> Delete</p> <p>T ADDRESS ST-ZIP</p> <p>MGR SHOEMAKER, JEAN 1255 GULFSTREAM AVE. APT. 506 SARASOTA FL 34236</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		
<p><input type="checkbox"/> Delete</p> <p>T ADDRESS ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		
<p><input type="checkbox"/> Delete</p> <p>ADDRESS I-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		
<p><input type="checkbox"/> Delete</p> <p>ADDRESS -ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		
<p><input type="checkbox"/> Delete</p> <p>ADDRESS -ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		
<p><input type="checkbox"/> Delete</p> <p>DRESS ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JEAN SHOEMAKER **JEAN SHOEMAKER** 8/6/2004