

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90056 002 ****50.00

DOCUMENT # L02000016099

1. Entity Name

WATERFRONT INVESTMENT & DEVELOPMENT, LLC



Principal Place of Business

10225 ULMERTON RD
STE 3D
LARGO FL 33771

Mailing Address

10225 ULMERTON RD
STE 3D
LARGO FL 33771

24054333



MOORE

CR2E083 (11/03)

2. Principal Place of Business

455 N Indian Rocks Rd

3. Mailing Address

Suite, Apt. #, etc.

Ste B

City & State

Belleair Bluffs, FL

Zip

33770

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-2368159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARSENAULT, KENNETH G JR
ARSENAULT & REARDON, P.A.
10225 ULMERTON ROAD, SUITE 2
LARGO FL 33771**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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.

SIGNATURE

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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **VELTMAN, GREG D**
STREET ADDRESS **10225 ULMERTON RD STE 3D - Same as above**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *455 N. Indian Rocks Rd Ste B*
CITY-ST-ZIP *Belleair Bluffs FL 33770*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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.

SIGNATURE:

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

Date

Daytime Phone #