

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90024 012 ****50.00

DOCUMENT # L02000017336

1. Entity Name
SL ENTERPRISES, LLC



Principal Place of Business
**222 SOUTH US HWY ONE, STE 209
JUPITER, FL 33469**

Mailing Address
**222 SOUTH U.S. HIGHWAY ONE, SUITE 209
TEQUESTA, FL 33469**

24045939



04052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2370801

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, JAMES W
1000 U.S. HIGHWAY ONE, #762 222 S. U.S. Hwy One, #209
JUPITER, FL 33477 Tequesta, FL 33469

**DO NOT WRITE
IN THIS SPACE**

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

JAMES W. HALL

4-6-04

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BELLINGER, RICHARD P
222 S. US HWY ONE #209
TEQUESTA, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HALL, JAMES W
1000 US HWY ONE, #762 222 So. U.S. Hwy. One, #209
JUPITER, FL 33477 Tequesta, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JAMES W. HALL

4-6-04 (561)744-3341