

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018400

1. Entity Name
ACCESS FLORIDA OPPORTUNITY, LLC



Principal Place of Business
1711 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

Mailing Address
1711 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

FILED

2004 SEP -8 AM 9:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



08272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0096480

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOREY, HILMON S JR, PRE
C/O FLORIDA BLACK BUSINESS INVESTMENT BOAR
1711 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

**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 _____

**Filing Fee is \$50.00
Due by September 8, 2004**

300041012313
09/13/04--01072--002 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME SICLAIT, RAOUL
STREET ADDRESS 1711 SOUTH GADSEN STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D
NAME SOREY, HILMON
STREET ADDRESS 1711 SOUTH GADSEN STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

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

8/30/04

Date

Daytime Phone # _____