

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90124 047 \*\*\*\*50.00

DOCUMENT # L02000019045

1. Entity Name  
H & W PAWN, LLC



Principal Place of Business  
C/O RAYMOND P. VIRGILIO, CPA, CVA  
7215 HIAWATHA PARKWAY  
SPRING HILL, FL 34606

Mailing Address  
C/O RAYMOND P. VIRGILIO, CPA, CVA  
7215 HIAWATHA PARKWAY  
SPRING HILL, FL 34606

64005103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

51-0418030

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VIRGILIO, RAYMOND P CPA,CVA  
4396 5TH ISLE DRIVE  
HERNANDO, FL 34607

7. Name and Address of New Registered Agent

Name  
MICHAEL T. TARANTINO

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

4396 5TH ISLE DRIVE

City

HERNANDO BEACH

FL

Zip Code

34607

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

*Michael T. Tarantino*

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

(NOTE: Registered Agent signature required when reinstating)

4/29/04

DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete  
NAME TARANTINO, MICHAEL T  
STREET ADDRESS 4396 5TH ISLE DRIVE  
CITY-ST-ZIP HERNANDO, FL 34607

TITLE VP ☐ Delete  
NAME TARANTINO, JAYNE  
STREET ADDRESS 4396 5TH ISLE DRIVE  
CITY-ST-ZIP HERNANDO, FL 34607

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  
CITY-ST-ZIP

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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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Michael T. Tarantino*

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

4/24/04

Date

7352-799-2954

Daytime Phone #