2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000020112

FILED May 24, 2004 8:00 am Secretary of State

| MAINTON ASSET OF STATE WEST BRADENTON, FL 34205 A. Fin above named mith, adminst the seament for the purpose of changing is registrated office or registered agent, or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the Blate of Florida Seatons. I floridate of Florida Seatons. I floridate of Florida Seatons. I floridate of Florida Seatons. I florida | 1. Entity Nam SLED DO | e OG ENTERPRISES, LLC | | | | 05-24 | -2004 90528 00 |)5 ****5 | 0.00 |
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| Suite, Apr. 4, etc. Suite, Apr. 4, etc. Suite Sys State S | 1140 SYLVAI | n drive | 55 WEST 26TH ST. APT. 7L | | | A HARRATA DU SONA HAN BARK | 1: 88TH 48HI CONB IIDI 60T | | |
| State Stat | 2. Principal P | lace of Business | | | | | | | |
| Description | | | 425 | | | | C CR2E08 | | |
| BLALOCK LANDERS, WALTERS & VOGLER, P.A. BLALOCK LANDERS & VOGLER, P.A. BLALDCK LANDERS & VOGLER, P.A. BLALOCK LANDERS & VOGLER, P.A. BLALDCK LANDERS & VOGLER, P.A. BLALOCK LANDERS & VOGLER, P.A. BLALDCK LANDERS & VOGLER, P.A. BLALD | | | Jersey Ci | | 5 | | | N | ot Applicable |
| S. Name and Address of New Registered Agent Name BIALOCK, LANDERS, WALTERS & VOGLER, P.A. BIZE 211TH STREET WEST BRADENTON, FL 34205 City FL Zip Code 8. The above names entity authoris this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE: FILING FOR IS \$50.00 Due by September 8, 2004 MANAGRIG MEMBERS/MANAGERS 10. MANAGRIG MEMBER | 2lp | Country | 1 ' | | | 5. Certificate of Status D | | | |
| BIALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON, FL 34205 Eithy FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chigations of the | | 6. Name and Address of Curren | | | | 7. Name and Address o | f New Registered A | gent | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named entity submist this statement for the purpose of changing is registred office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Zip Code City FL Zip Code State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the floridary flo | DI M OOK | ANDEOG WALTEDO 1/0 | NO. ED. D. A | Name | | | | | |
| B. 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 Delete Delete | 802 11TH STREET WEST | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SIGNATURE: Signature, speed or prised rainer of impastance speed and size if apostocies (NOTE: Registered Agent registere required when renalistral) DATE | | | | City | | <u> </u> | FL | Zip Coo | le |
| Filing Fee is \$50.00 Due by September 8, 2004 Filing Fee is \$50.00 Make check payable to Florida Department of State TILE MGRM MINA, NANCY G MS STRET ADDRESS CITY-ST-2P TILE MAKE STRET ADDRESS CITY-ST-2P TILE Change Addition Addition Addition Addition Addition STRET ADDRESS CITY-ST-2P TILE Change Addition Addition Addition STRET ADDRESS CITY-ST-2P Change Addition Addition Addition Addition STRET ADDRESS CITY-ST-2P Change Addition Additi | | | for the purpose of changing its re | egistered office of | r registere | ed agent, or both, in the Sta | ate of Florida. I am fa | amiliar with. | and accept |
| 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MINA, NANCY G MS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE OPERE NAME STREET ADDRESS CITY- | SIGNATURE . | Signature, typed or printed name of registered age | nt and title if applicable. (NOTE: | Registered Agent signer | ture required i | when renetating) | DATE | | |
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| 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: 5-17-04 941-447-503 | NAME STREET ADDRESS | | ☐ Celete | name Street adoress | | | ****** | ☐ Change | ☐ Addition |
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| | SIGNAT | TURE: Land Typer OF BOOMER MALIN | O RUSHING MANAGEM MEMBER MANAGEM | AGER, OR ALTHOUSE | D REPRESS | 5-17 | | | <u>47-50</u> 3 |