

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90004 013 ****50.00

DOCUMENT # L02000022848

1. Entity Name

WINDY MOUTH, LLC



Principal Place of Business

3978 SNOWY EGRET DRIVE, W.
MELBOURNE FL 32904

Mailing Address

3978 SNOWY EGRET DRIVE, W.
MELBOURNE FL 32904

24082988



MOORE

CR2E083 (4/04)

2. Principal Place of Business

3405 COREY ROAD
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 50146
Suite, Apt. #, etc.

City & State

MALABAR, FL

City & State

MALABAR, FL

Zip

32950

Country

USA

Zip

32950

Country

USA

4. FEI Number

56-2072542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PUGH, CHARLES R
STREET ADDRESS 3978 SNOWY EGRET DRIVE, W.
CITY-ST-ZIP MELBOURNE FL 32904

TITLE MGR ☒ Change ☐ Addition
NAME PUGH, CHARLES R.
STREET ADDRESS 3405 COREY RD.
CITY-ST-ZIP MALABAR, FL 32950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

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

Date

Daytime Phone #

8-19-04 321-795-1793