

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

08-24-2004 90047 041 ****55.00

DOCUMENT # L02000023523

1. Entity Name

FLORIDA FAMILY VENTURES, L.L.C.



Principal Place of Business

837 E NEW HAVEN AVE
MELBOURNE, FL 32901

Mailing Address

P.O. BOX 487
MELBOURNE, FL 32902

24081309



07012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4226138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERTEL, RICK
837 E NEW HAVEN AVE
MELBOURNE, FL 32901

**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

7-30-04

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BERTEL, RICK
837 E. NEW HAVEN AVE
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 #

7-30-04 321-722-2838