

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000023549

1. Entity Name
PULLUM-CECILIO, L.L.C.



Principal Place of Business
**8494 NAVARRE PARKWAY
NAVARRE, FL 32501**

Mailing Address
**8494 NAVARRE PARKWAY
NAVARRE, FL 32501**



01082004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0431021

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEUCHTMAN, GARY B
501 COMMENDENCIA STREET
PENSACOLA, FL 32501**

**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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	PULLUM, BART R
STREET ADDRESS	3494 NAVARRE PKWY
CITY- ST- ZIP	NAVARRE, FL 32566
TITLE	D
NAME	PULLUM, REBECCA A
STREET ADDRESS	3494 NAVARRE PKWY
CITY- ST- ZIP	NAVARRE, FL 32566
TITLE	D
NAME	CECILIO, FRANK L
STREET ADDRESS	3667 ROCKY CREEK CT
CITY- ST- ZIP	SAN JOSE, CA 95148
TITLE	D
NAME	CECILIO, SHAR R
STREET ADDRESS	3667 ROCKY CREEK CT
CITY- ST- ZIP	SAN JOSE, CA 95148
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/22/04-80004-018 150.00

**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: Rebecca A. Pullum

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

1-20-04 850/939-2363

Date

Daytime Phone #