

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90074 039 ****50.00

DOCUMENT # L02000024305

1. Entity Name
COUNTRY CLUTTER OF ORLANDO II, LLC



Principal Place of Business
**7320 WESTPOINTE BLVD.
#533
ORLANDO, FL 32835**

Mailing Address
**7320 WESTPOINTE BLVD.
#533
ORLANDO, FL 32835**

24057562

2. Principal Place of Business

14129 Hampshire Bay Cir
Suite, Apt. #, etc.

3. Mailing Address

14129 Hampshire Bay Cir
Suite, Apt. #, etc.



04122004 Chg-LLC CR2E083 (10/03)

City & State
Winter Garden, FL

City & State
Winter Garden, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip Country
34787 USA

Zip Country
34787 USA

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

6. Name and Address of Current Registered Agent

**COHEN, DAVID S ESQ
5728 MAJOR BLVD., SUITE 550
ORLANDO, FL 32819**

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **CLARK, JAN**
STREET ADDRESS **7320 WESTPOINTE BLVD., #533**
CITY-ST-ZIP **ORLANDO, FL 32835**

10. ADDITIONS/CHANGES

TITLE **mGRM** ☒ Change ☐ Addition
NAME **Clark, Jan**
STREET ADDRESS **14129 Hampshire Bay Circle**
CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

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

4-25-04

Date

407-654-9408

Daytime Phone #