

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000025058

1. Entity Name
MIDDEN GROVE LLC



Principal Place of Business
**620 21ST STREET
ST. AUGUSTINE, FL 32084**

Mailing Address
**620 21ST STREET
ST. AUGUSTINE, FL 32084**



01242004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3713701

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LONGO, MELVIN C
620 21ST STREET
ST. AUGUSTINE, FL 32084**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LONGO, MELVIN C
620 21ST STREET
ST. AUGUSTINE, FL 32084**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LONGO, DIANE M
620 21ST STREET
ST. AUGUSTINE, FL 32084**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILSON, CINDY
27 MONTRANO AVE.
ST. AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BYRNE, MICHAEL D
27 MONTRANO AVE.
ST. AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOWMAN, S. CURTIS
117 CORONADO STREET
ST. AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HUGHES, ELEANOR C
117 CORONADO STREET
ST. AUGUSTINE, FL 32080**

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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: MELVIN C. LONGO Melvin C. Longo 4/28/04 904-824-8970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #