

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000025091

1. Entity Name
SWEET PROSPECT LTD. CO.



Principal Place of Business
**2900 E. JACKSON ST.
PENSACOLA, FL 32503 US**

Mailing Address
**2900 E. JACKSON ST.
PENSACOLA, FL 32503 US**



04132004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
46-0499999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRAGWELL, SHERYL J
2900 E. JACKSON ST.
PENSACOLA, FL 32503**

**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**

U000000114296
04/15/04-80044-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLURED, MELISSA C 5790 LIMESTONE RD PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIAMOND, GARY C 6195 VIRWOOD RD PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRAGWELL, SHERYL J 2900 E JACKSON ST PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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)(f), 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

Sheryl J. Bragwell
Date **April 12, 2004** (850) 436-5080

Daytime Phone #