


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-26-2004 90053 017 *****50.00

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|---|---|--|---|---|--|
| DOCUMENT # L02000025261 1. Entity Name E-Z STITCH, LLC | | | |  | |
| Principal Place of Business 1272 SW 34TH ST PALM CITY FL 34990 US | | | Mailing Address 1272 SW 34TH ST PALM CITY FL 34990 US | | |
| 2. Principal Place of Business 1272 SW 34TH ST Suite, Apt. #, etc. | | 3. Mailing Address Same Suite, Apt. #, etc. | | | |
| City & State Palm City FL | | City & State Palm City FL | | 4. FEI Number 43-1975749 | |
| Zip 34990 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FRESE, JAMES A ESQ. 2186 S.W. UNIVERSITY OF FLORIDA STREET STUART FL 34997-7016 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/submitting)</small> | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | GST MARTIN, ALMA 3629SW CORNELL AVE PALM CITY FL 34990 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP MARTIN, ROSE 2060 MADISON ST STUART FL 34997 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | | | |
| 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: <u>Alma L Martin</u> <u>5/6/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |