

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90072 037 ****50.00

DOCUMENT # L02000025396

1. Entity Name

DOUBLE YOU LLC



Principal Place of Business

15541 VISTA VERDE DR.
MONTVERDE FL 34756

Mailing Address

15541 VISTA VERDE DR.
MONTVERDE FL 34756

2. Principal Place of Business

15541 Vista Verde Dr.

3. Mailing Address

15541 Vista Verde Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Montverde, FL

City & State

Montverde, FL

Zip

34756

Country

USA

Zip

34756

Country

USA



MOORE

CR2E083 (4/04)

4. FEI Number

74-3064791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAITMAN, MICHAEL J
15541 VISTA VERDE DR.
MONTVERDE FL 34756

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME WAITMAN, MICHAEL J MGR
STREET ADDRESS 15541 VISTA VERDE DR.
CITY-ST-ZIP MONTVERDE FL 34756

TITLE MGRM ☐ Delete
NAME WAITMAN, MICHELE L MGRM
STREET ADDRESS 15541 VISTA VERDE DR.
CITY-ST-ZIP MONTVERDE FL 34756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Michele Waitman* Michele Waitman 9/4/04 407694-4855

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

Date

Daytime Phone #