

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000025515

1. Entity Name
LINNANDTROMBETTI, LLC



Principal Place of Business
**2367 ENTERPRISE-OSTEEN ROAD
DELTONA, FL 32738**

Mailing Address
**2367 ENTERPRISE-OSTEEN ROAD
DELTONA, FL 32738**



07122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1052967

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TROMBETTI, NATE
2367 ENTERPRISE-OSTEEN ROAD
DELTONA, FL 32738**

**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 September 8, 2004**

000000166981
07/19/04-80006-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINN, CHAD S 2138 TORTOISE SHELL DRIVE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROMBETTI, NATE 2367 ENTERPRISE-OSTEEN ROAD DELTONA, FL 32738
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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)(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: Chad Linn

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

7-15-04

Date

407-252-6433

Daytime Phone #