

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90165 010 ****50.00

DOCUMENT # L02000027519

1. Entity Name

FLORIDA F.B., L.L.C.



Principal Place of Business

TARPON TOWER STE 200
905 MLK DR
TARPON SPRINGS FL 34689
US

Mailing Address

TARPON TOWER STE 200
905 MLK DR
TARPON SPRINGS FL 34689
US

2. Principal Place of Business

500 E. Tarpon Ave

3. Mailing Address

500 E. Tarpon Avenue



MOORE

CR2E083 (11/03)

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

4. FEI Number

56-2299179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RILEY, STEVEN P ESQUIRE
4805 W. LAUREL STREET
230
TAMPA FL 33607

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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PETERSON, JAMES A
STREET ADDRESS 2025 HARBOUR WATCH CIRCLE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE MGRM ☐ Delete
NAME PETERSON, LORRAINE C
STREET ADDRESS 2025 HARBOUR WATCH CIRCLE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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
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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

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

Date

Daytime Phone #