

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90359 010 \*\*\*\*50.00

**DOCUMENT # L02000028697**

1. Entity Name

WHIDDON ENTERPRISES, LLC



Principal Place of Business

2950 NW 23RD COURT  
POMPANO BEACH FL 33062

Mailing Address

2950 NW 23RD COURT  
POMPANO BEACH FL 33062

2. Principal Place of Business

3056 B Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

33470

Country

USA

USA



MOORE

CR2E083 (11/03)

4. FEI Number

38-3663285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHIDDON, S. JAYNE  
2950 NW 23RD COURT  
POMPANO BEACH FL 33062

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 MGR  
NAME WHIDDON, S. JAYNE  
STREET ADDRESS 2950 NW 23RD COURT  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
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CITY-ST-ZIP

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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:

*W. Clark Whiddon*

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

3/23/04

Date

561-793-3545

Daytime Phone #