


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-09-2004 90290 048 ****50.00

DOCUMENT # L02000028838	
1. Entity Name MISSGIVINGS LLC	

Principal Place of Business 440 S. HARBOR CITY BLVD MELBOURNE FL 32901	Mailing Address 440 S. HARBOR CITY BLVD MELBOURNE FL 32901
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2. Principal Place of Business 2681 Palm Bay Rd NE PO Box 361-787	3. Mailing Address 361-787
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Bay FL	City & State Melbourne
Zip 32905	Country BREVARD
Zip 32936	Country BREVARD



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent VOLK LAW OFFICES, P.A. 700 S. BABCOCK ST SUITE 402 MELBOURNE FL 32901	
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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUSILLO, PAUL F JR 440 S. HARBOR CITY BLVD. MELBOURNE FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles W. Kolb 2681 Palm Bay Rd NE Palm Bay FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Charles W. Kolb 3/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #