

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90193 002 ****50.00

DOCUMENT # L02000029228

1. Entity Name

CORAL BAY OF MELBOURNE, LLC



Principal Place of Business

707 S. HARBOR CIR. BLVD.
MELBOURNE FL 32901

Mailing Address

707 S. HARBOR CIR. BLVD.
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-2067757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARKIN, DAVID G
1900 S. HICKORY STREET STE. A
MELBOURNE FL 32901

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 ☐ Delete

NAME THE WAELTI FAMILY
STREET ADDRESS 1601 NEWFOUND HARBOR DR
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete

NAME WAELTI, JACK
STREET ADDRESS 1601 NEWFOUND HARBOR DR.
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete

NAME WAELTI, KRIS
STREET ADDRESS 1601 NEWFOUND HARBOR DR.
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete

NAME DAVILA, BRANDY
STREET ADDRESS 440 WINDMAY WAY
CITY-ST-ZIP MERRITT ISLAND FL 32962

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

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #