

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90001 031 ****50.00

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1. Entity Name
THE CUTTING FAMILY LLC

Principal Place of Business
**704 WINTERS CREEK ROAD
PALM CITY, FL 34990**

Mailing Address
**704 WINTERS CREEK ROAD
PALM CITY, FL 34990**

24071520



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
38-3457954

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CUTTING, JOAN L
704 WINTERS CREEK ROAD
PALM CITY, FL 34990**

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

Filing Fee is \$50.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CT
CUTTING, REVOCABLE
704 WINTERS CREEK RD
PALM CITY, FL 34990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Joan Cutting as trustee of ☒ Change ☐ Addition
the Joan L. Cutting Revocable Living
Trust dated October 20, 1978, as
amended, a series A member**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**704 Winters Creek Road ☐ Change ☐ Addition
Palm City, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Joan L. Cutting*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/04
Date

772 336 4537
Daytime Phone #