

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90072 013 *****55.00

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1. Entity Name
#2 MULLINS, LLC

Principal Place of Business
9112 FLAMINGO CIRCLE
NORTH FORT MYERS, FL 33903

Mailing Address
9112 FLAMINGO CIRCLE
NORTH FORT MYERS, FL 33903

24057488



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
~~APPLIED FOR~~ 20-1000760

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

STRAUSS, JEROME M
9130 GALLERIA CT.
NAPLES, FL 34109

Name Strauss, Jerome M.
Street Address (P.O. Box Number is Not Acceptable) 9115 Galleria Court #2
City Naples FL Zip Code 34109

I, 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

4-15-04

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MULLINS, LLOYD ☐ Delete
STREET ADDRESS 9112 FLAMINGO CIRCLE
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

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

TITLE MGR
NAME MULLINS, NORMA ☐ Delete
STREET ADDRESS 9112 FLAMINGO CIRCLE
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

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

TITLE ☐ Delete
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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: Lloyd Mullins

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

Date

Daytime Phone #

Lloyd Mullins 4-26-04 (239) 997-6649