

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

04-19-2004 90024 017 ***150.00

DOCUMENT # L03000000941					
1. Entity Name BEIDEL & CLEMENTS, LLC					
Principal Place of Business 3113 CAPITAL MEDICAL BOULEVARD, STE-A TALLAHASSEE, FL 32308			Mailing Address 3113 CAPITAL MEDICAL BOULEVARD, STE-A TALLAHASSEE, FL 32308		
2. Principal Place of Business 1338 TIMBERLANE ROAD Suite, Apt. #, etc.		3. Mailing Address 1338 TIMBERLANE ROAD LD Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FFL Number 41-2075311	
Zip 32312		Country LEON		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BEIDEL, DAVID S 1338 TIMBERLANE ROAD TALLAHASSEE, FL 32312			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: DATE: 4-17-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID S BEIDEL 1338 TIMBERLANE ROAD TALLAHASSEE, FL 32312		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	
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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 606, Florida Statutes.					
SIGNATURE:			4-17-04 853-6565		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

34005205

62030003



04122004 Chg-LLC CR2E083 (10/03)

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

BEIDEL, DAVID S
1338 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

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SIGNATURE:

4-17-04 853-6565

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

Date

Daytime Phone #