

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90162 016 ****50.00

DOCUMENT # L03000001746

1. Entity Name
SOUL GARDENS, LLC



Principal Place of Business
514 WEST GEORGIA STREET
TALLAHASSEE, FL 32301

Mailing Address
PO BOX 231
PANACEA, FL 32346

44010696



2. Principal Place of Business

514, 516, 518 West Georgia St.

3. Mailing Address

P.O. Box 231

Suite, Apt., etc.

Tallahassee

Suite, Apt., etc.

PANACEA, FL

01122004

Chg-LLC

CR2E083 (10/03)

City & State

FL 32346

City & State

FL 32346

4. FEI Number

51-6446412

Applied For

Not Applicable

Zip

Country

USA

Zip

32346

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DECKER, DONNA
514 WEST GEORGIA STREET
TALLAHASSEE, FL 32301

518 A. West Georgia St.

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

518 A. West Georgia St.

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

2/10/04

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

Make check payable to
Florida Department of State
Div. of Corp. P.O. Box 6304 Tallahassee, FL 32314

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President MGR
Donna Decker
518 A. West Georgia St.
Tallahassee, FL 32346

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Donna Decker
518 A. West Georgia St.
Tallahassee, FL 32346

☐ Change

☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

Donna Decker

2/10/04 850 349-9448

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

Date

Daytime Phone #