

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-23-2004 90021 022 ****50.00

DOCUMENT # L03000002369 1. Entity Name 4TH OF JULY, LLC					
Principal Place of Business 1110 WHITE STREET KEY WEST FL 33040			Mailing Address 1110 WHITE STREET KEY WEST FL 33040		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 35-2197438	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS-NETWORK INC. 941 FOURTH STREET MIAMI BEACH FL 33139			7. Name and Address of New Registered Agent Name Christina Mattheessen Street Address (P.O. Box Number is Not Acceptable) 183 Venetian Way City Sugarloaf FL Zip Code 33042		
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 Christina Mattheessen DATE 4-20-04 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEESSEN, BRENT 1110 WHITE STREET KEY WEST FL 33040	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEESSEN, CHRISTINA 1110 WHITE STREET KEY WEST FL 33040	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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: Christina Mattheessen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 4-20-04 Daytime Phone # 305296-8014	