

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/31

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

08-30-2004 90138 031 ****50.00

DOCUMENT # L03000003156																									
1. Entity Name LAKEMONT, LLC																									
Principal Place of Business 1504 EAGLE NEST CIRCLE WINTER SPRINGS FL 32708			Mailing Address 1504 EAGLE NEST CIRCLE WINTER SPRINGS FL 32708																						
2. Principal Place of Business			3. Mailing Address																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																						
City & State			City & State																						
Zip		Country		Zip																					
Country		Country		4. FEI Number 23 3003862																					
5. Name and Address of Current Registered Agent ROTHFUSS, PAUL H 1504 EAGLE NEST CIRCLE WINTER SPRINGS FL 32708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By September 8, 2004																									
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																						
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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 608, Florida Statutes.																									
SIGNATURE: <u>Paul H Rothfuss</u> PAUL H ROTHFUSS <u>9/28/04</u> 407 366 3888																									



Attachment
34010591

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 2, 2004

LAKEMONT, LLC
1504 EAGLE NEST CIRCLE
WINTER SPRINGS, FL 32708

Subject: LAKEMONT, LLC

Reference Number: L03000003156

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION