

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90163 024 ****50.00

DOCUMENT # L03000006970

1. Entity Name

ESHBAUGH ENTERPRISES, LLC



Principal Place of Business

1271 ARON ST.
PORT ST. JOHN 32927
US

Mailing Address

PO BOX 560702
ROCKLEDGE FL 32956
US

2. Principal Place of Business

P.O. Box 560702

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

ROCKLEDGE FL

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip
32956-0702

Country
US

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

ESHBAUGH, JAMES
1271 ARON STREET
PORT ST. JOHN FL 32927

Name ESHBAUGH, JAMES G.

Street Address (P.O. Box Number is Not Acceptable)
4546 HELENA DRIVE

City TITUSVILLE

FL

Zip Code
32780

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

James G. Eshbaugh

JAMES G. ESHBAUGH
MANAGER / OWNER

01/31/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: *James G. Eshbaugh* JAMES G. ESHBAUGH
MANAGER / OWNER 01/31/04 (321) 631-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING-MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #