


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 23, 2004 8:00 am
Secretary of State

8/2

08-27-2004 90103 016 *****50.00

DOCUMENT # L03000007673 1. Entity Name THE BRONZE RESTORATION COMPANY, L.L.C.					
Principal Place of Business 650 WESTWARD CIRCLE HOLLY HILL FL 32117 US			Mailing Address P.O. BOX 250466 HOLLY HILL FL 32125 US		
2. Principal Place of Business <i>650 Westward Circle</i>		3. Mailing Address <i>P.O. Box 250466</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Holly Hill Florida</i>		City & State <i>Holly Hill Florida</i>		4. FEI Number <i>APPLIED FOR</i>	
Zip <i>32117</i>		Country <i>Volusia</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSH, RANDY A 650 WESTWARD CIRCLE HOLLY HILL FL 32117			7. Name and Address of New Registered Agent Name <i>NONE</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ISENHOUR, ELAINE A 650 WESTWARD CIRCLE HOLLY HILL FL 32117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<i>8-24-04</i> <small>Date Daytime Phone #</small>	



Attachment
34010528

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 31, 2004

THE BRONZE RESTORATION COMPANY, L.L.C.
P.O. BOX 250466
HOLLY HILL, FL 32125 US

Subject: THE BRONZE RESTORATION COMPANY, L.L.C.

Reference Number: L03000007673

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):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**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