


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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04 MAR -5 AM 10:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000008406

1. Entity Name
ENDEVOUR LLC



Principal Place of Business
**1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32302**

Mailing Address
**1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32302**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



02192004 Chg-LLC CR2E083 (10/03)

4. FEI Number **Not applicable** Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**FLORIDA FILING & SEARCH SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32302**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 **Cobbie Hodge** DATE **3/5/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIRKILLARI, CHRISTALLA 8 KENNEDY AVENUE OFFICE 101 CY-1087 NICOSIA CYPRUS, <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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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 606, Florida Statutes.

SIGNATURE: **[Signature]** DATE **2/27/04**

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

L03000008406

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 03-05-04

NAME: ENDEVOUR LLC

TYPE OF FILING: 2004 UBR

COST: \$50.00

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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04 MAR -5 PM 3:02
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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