

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

03-02-2005 90016 016 ****50.00

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DOCUMENT # L03000009074					
1. Entity Name EXPANDED HORIZONS, LLC					
Principal Place of Business 1607 GLENWAY DRIVE TALLAHASSEE FL 32301			Mailing Address 1607 GLENWAY DRIVE TALLAHASSEE FL 32301		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 83-0253405	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent INGRAM, SPENCER 118 SALEM CT. TALLAHASSEE FL 32301			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	EARL, JOSHUA	1607 GLENWAY DRIVE			
		TALLAHASSEE FL 32301			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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>Joshua S. Earl</u> (JOSHUA S. EARL) MANAGING MEMBER 2/28/05 (850) 402-1420					