

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/29

FILED
May 26, 2004 8:00 am
Secretary of State

04-29-2004 90069 020 ****50.00

34007556

DOCUMENT # L03000010562 1. Entity Name FRC, LLC					
Principal Place of Business 333 SOUTH TAMiami TRAIL, SUITE 101 VENICE, FL 34285			Mailing Address 333 SOUTH TAMiami TRAIL, SUITE 101 VENICE, FL 34285		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01062004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent MILLER, MICHAEL W 333 SOUTH TAMiami TRAIL, SUITE 101 VENICE, FL 34285			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 reinstating) DATE _____					
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	MGRM MILLER, MICHAEL W 333 SOUTH TAMiami TRAIL, SUITE 101 VENICE, FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/27/04 941-441-1380 Date Daytime Phone #		