

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90024 041 ***150.00

DOCUMENT # L03000010935

1. Entity Name
THE NEXT LEVEL, LLC



Principal Place of Business
**2560-A GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US**

Mailing Address
**2560-A GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US**

24065010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number **87-0692532**

Applied For
Not Applicable

Zip

Country

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

**MOORE, RAYMOND A JR.
316 S. BAYLEN ST.
SUITE 200
PENSACOLA, FL 32501**

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

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

(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 **MGRM** ☒ Delete
NAME **MOORE, RAYMOND A JR.**
STREET ADDRESS **316 S. BAYLEN ST., SUITE 200**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Faircloth, Gene O**
STREET ADDRESS **4184 Madura East**
CITY-ST-ZIP **Gulf Breeze, FL 32563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Norris, Mark J**
STREET ADDRESS **1433 Deer Trail**
CITY-ST-ZIP **Hubertus, WI 53033**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4/29/04