2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAG

2/ **Secretary of State** DOCUMENT # L03000012170 02-24-2004 90098 015 ****50.00 1. Entity Name LOPEZ & SEIFERTH, LLC Mailing Address Principal Place of Business 4016 ORIOLE AVENUE PONCE INLET FL 32127 34001272 4016 ORIQUE AVENUE PONCE INLET FL 32127 2. Principal Place of Business 3. Mailing Address 90 Dunlautan auc. 90 Dunlauton OUT MOORE CR2E083 (11/03) 4. F5Hyumber -0079103 Applied For 3427 Not Applicable Country COUNTY O'SA \$5.00 Additional 28P 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, DAWN M Street Address (P.O. Box Number is Not Acceptable) = 4016 ORIOLE AVENUE **PONCE INLET FL 32127** City 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 tamiliar with, and accept (NOTE: Registered Agent signature required when reinstaking) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MESULAT Managing member Delete me ☐ Addition TITLE Change Dawn capez NAME NAME STREET ADDRESS STREET ADDRESS you brok are CITY-ST-7IF CITY-ST-7IP Ponce Inlet, Fi 32121 TITLE TIPLE Managing member Delete ☐ Change ☐ Addition NAME MAME Janice sciterth STREET ADDRESS STREET ADDRESS 4750 Halifux dr. CITY-ST-ZIP CITY-ST-ZIP Sicretary TITLE ☐ Delete TITLE Change Addition NAME NAME Down Läzez STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP MILE reasures Delete ☐ Change ■ Addition Ion Seiterth NAME MALE STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Title ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

G MEMORI, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 09, 2004 8:00 am

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