


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90098 015 \*\*\*\*50.00

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<b>DOCUMENT # L03000012170</b>																											
1. Entity Name <b>LOPEZ &amp; SEIFERTH, LLC</b>																											
Principal Place of Business <b>4016 ORIOLE AVENUE PONCE INLET FL 32127</b>		Mailing Address <b>4016 ORIOLE AVENUE PONCE INLET FL 32127</b>																									
2. Principal Place of Business <b>790 Dunlawton ave.</b>		3. Mailing Address <b>790 Dunlawton ave.</b>																									
Suite, Apt. #, etc. <b>Ste J</b>		Suite, Apt. #, etc. <b>Ste J</b>																									
City & State <b>Port Orange FL</b>		City & State <b>Port Orange 32127</b>																									
Zip <b>32127</b>		Country <b>USA</b>																									
4. FEM Number <b>32-0079103</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																											
6. Name and Address of Current Registered Agent <b>LOPEZ, DAWN M 4016 ORIOLE AVENUE PONCE INLET FL 32127</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 resigning) DATE _____																											
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2004</b> </div>																											
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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**SIGNATURE:**

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

Date

Daytime Phone #

*Dawn Lopez* **Dawn Lopez** 2/4/04 380 763-0223