

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90410 032 ****55.00

DOCUMENT # L03000012557

1. Entity Name
SEA PINES III, L.C.



Principal Place of Business
**12108 NORTH 56TH STREET
TAMPA, FL 33617**

Mailing Address
**12108 NORTH 56TH STREET
TAMPA, FL 33617**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number **13-4274134**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **X** \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEKIEMPIS, VINCENT
12108 NORTH 56TH STREET
TAMPA, FL 33617**

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

FILED

**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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VINCENT BEKIEMPIS**
STREET ADDRESS **MANAGER**
CITY-ST-ZIP **12108 NORTH 56TH ST TAMPA, FLA 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

Vincent Bekiempis

(813) 988-8277