

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-16-2004 90133 009 ****50.00

DOCUMENT # L03000012947

1. Entity Name
PRATT HERRING WILSON MANAGEMENT, L.L.C.



Principal Place of Business
181 E. MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569

Mailing Address
181 E. MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569

44052091



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0170360

Applied For
Not Applicable

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

PRATT, CHARLES C
181 E. MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569

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 September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PRATT, CHARLES C
STREET ADDRESS 181 E MIRACLE STRIP PARKWAY
CITY-ST-ZIP MARY ESTHER, FL 32569

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

TITLE MGR ☐ Delete
NAME PRATT, MEDORA C
STREET ADDRESS 181 E MIRACLE STRIP PARKWAY
CITY-ST-ZIP MARY ESTHER, FL 32569

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

TITLE ☐ Delete
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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

Charles C. Pratt

(770)475-1004

Date

Daytime Phone #