

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-26-2004 90201 046 ****50.00

DOCUMENT # L03000014874 1. Entity Name AUTARKY, LLC					
Principal Place of Business 5410 N. ARMENIA AVENUE TAMPA FL 33603 3302 W. SITKA ST. TAMPA, FL 33614			Mailing Address 5410 N. ARMENIA AVENUE TAMPA FL 33603 P.O. Box 15842 TAMPA, FL 33684		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 86-1097224	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, GLORIA E 5410 N. ARMENIA AVENUE TAMPA FL 33603 ADDRESS CHANGE			7. Name and Address of New Registered Agent Name GLORIA E. DAVIS Street Address (P.O. Box Number is Not Acceptable) 3302 W. SITKA ST. City TAMPA, FL Zip Code 33614		
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 <u>GLORIA E. DAVIS</u> <u><i>Gloria E Davis</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, GLORIA E 5410 N. ARMENIA AVENUE TAMPA FL 33603	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, GLORIA E. 3302 W. SITKA ST. TAMPA, FL 33614	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 of the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: <u><i>Gloria E. Davis</i></u> <u>2/20/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					