


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

02-26-2004 90201 047 ****50.00

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| DOCUMENT # L03000014875 1. Entity Name VEGAN, 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 Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | | | | | | | | |
| 4. FEI Number 86-1097235 | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | MOORE CR2E083 (11/03) | | | | | | | | | |
| 6. Name and Address of Current Registered Agent DAVIS, GLORIA E 5410 N. ARMENIA AVENUE TAMPA FL 33603 | | | 7. Name and Address of New Registered Agent Name DAVIS, GLORIA E Street Address (P.O. Box Number is Not Acceptable) 3302 W. SITKA ST City TAMPA FL 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 GLORIA E. DAVIS <i>Glória E. Davis</i> 2/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> MGR DAVIS, GLORIA E 5410 N. ARMENIA AVENUE TAMPA FL 33603 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DAVIS, GLORIA E 5410 N. ARMENIA AVENUE TAMPA FL 33603 | | <input type="checkbox"/> Delete | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> MGR DAVIS, GLORIA E 3302 W. SITKA ST. TAMPA, FL 33614 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DAVIS, GLORIA E 3302 W. SITKA ST. TAMPA, FL 33614 | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Glória E. Davis</i> 2/20/04 (813) 933-2618 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | | | | | | | | | |