

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 19, 2004 8:00 am
Secretary of State

05-03-2004 90137 021 ***150.00

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DOCUMENT # L03000016047

1. Entity Name
4234 DAUBERT STREET, LLC (single member) LLC



Principal Place of Business
908 MALTBY AVENUE
ORLANDO FL 32803

Mailing Address
908 MALTBY AVENUE
ORLANDO FL 32803

34003333

2. Principal Place of Business
Same

3. Mailing Address
Same



MOORE CR2E083 (11/03)

City & State
Zip Country

4. FEI Number
147-50-8011

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
~~PHILIP L. LOGAS, P.A.~~
~~66 EAST PINE STREET~~
~~ORLANDO FL 32801~~

7. Name and Address of New Registered Agent
Name: MARILU MARTIN
Street Address (P.O. Box Number is not acceptable): 908 MALTBY AVE
City: Orlando FL Zip Code: 32803

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: Marilu Martin DATE: 4/20/04

Signature, typed or printed name of registered agent and fee 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, MARILU 908 MALTBY AVENUE ORLANDO FL 32803	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Marilu Martin DATE: 4/20/04 (401) 8940578

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