

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90133 024 ****55.00

DOCUMENT # L03000016843

1. Entity Name
WILDWOOD LLC



Principal Place of Business
**1540 CHATEAU WOOD DRIVE
CLEARWATER, FL 33764**

Mailing Address
**1540 CHATEAU WOOD DRIVE
CLEARWATER, FL 33764**

24084920

2. Principal Place of Business
**812 PINELLAS ST
CLEARWATER**

3. Mailing Address
SAME

07012004 Chg-LLC CR2E083 (10/03)

City & State
FL 33756

City & State

4. FEI Number
11-3687676

Applied For
Not Applicable

Zip
33756 Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent

**CAMPBELL, MIKE
1540 CHATEAU WOOD DRIVE
CLEARWATER, FL 33764**

7. Name and Address of New Registered Agent

Name **CAMPBELL, MIKE (SAME)**

Street Address (P.O. Box Number is Not Acceptable)
812 PINELLAS ST

City **CLEARWATER** FL Zip Code **33756**

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 *Mike Campbell* **MIKE CAMPBELL**

8/6/04

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CAMPBELL, MICHAEL
1540 CHATEAU WOOD DRIVE
CLEARWATER, FL 33764** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CURRIER, DANIEL
P.O. BOX 12
MONTROSE, CA 91021** ☒ 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
**MGRM
CAMPBELL, MICHAEL
812 PINELLAS ST
CLEARWATER, FL 33756** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CURRIER, ELIZABETH
900 PONCE DELEON BLVD.
BELLEAIR, FL, 33756** ☐ Change ☒ Addition

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

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

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

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: *Mike Campbell* **MIKE CAMPBELL** **8/6/04** **727 518-6700**

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

Date

Daytime Phone #