

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 90141 021 ****50.00

DOCUMENT # L03000017293



1. Entity Name
CENTRAL FLORIDA SUITES, LLC

Principal Place of Business
1205 AVENIDA CENTRAL NORTH
THE VILLAGES, FL 32159

Mailing Address
1205 AVENIDA CENTRAL NORTH
THE VILLAGES, FL 32159

34000100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

55-0831696

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUCAT, DARRELL
1205 AVENIDA CENTRAL NORTH
THE VILLAGES, FL 32159

7. Name and Address of New Registered Agent

Name

Street

2918 Larranaga Drive

City

The Villages

FL

Zip

32162

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 reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME Ducat, Darrell
STREET ADDRESS 2918 Larranaga Drive
CITY-ST-ZIP The Villages, FL 32162 ☐ Delete

TITLE MGR
NAME Ducat, Larry
STREET ADDRESS 5030 Jackman
CITY-ST-ZIP Toledo, OH 43613 ☐ 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

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:

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

4/29/04

Date

248/932-1090

Daytime Phone #