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TALLAHASSEE FLORIDA

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000018066

1. Entity Name
KORMOCZI BRIGITTA, LLC

Principal Place of Business	Mailing Address
2625 SR 590, #611 CLEARWATER, FL 33759	2625 SR 590, #611 CLEARWATER, FL 33759

02122004 Chg-LLC CR2E083 (10/03)

4/30

2. Principal Place of Business		3. Mailing Address	
2625 STATE ROAD 590		2625 STATE ROAD 590	
Suite, Apt #, etc. 611		Suite, Apt #, etc. 611	
City & State CLEARWATER FLORIDA		City & State CLEARWATER FLORIDA	
Zip 33759	Country PINELLAS	Zip 33759	Country PINELLAS

4. FEI Number 51-0466774 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KORMOCZI, BRIGITTA
2444 E LAURELWOOD DR
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent

Name BRIGITTA KORMOCZI
Street Address (P.O. Box Number is Not Acceptable) 2625 STATE ROAD 590 # 611
City CLEARWATER FL Zip Code 33759

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 Brigitta Kormoczi 02/25/04
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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KORMOCZI, BRIGITTA		NAME		
STREET ADDRESS	2444 E LAURELWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

Brigitta Kormoczi
02/25/04