

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000019034

1. Entity Name

LLM & ASSOC., LLC



Principal Place of Business

776 RIVERSIDE DRIVE
ORMOND BEACH FL 32176

Mailing Address

776 RIVERSIDE DRIVE
ORMOND BEACH FL 32176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

86-1083864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELTZER, NORMAN B
614 N PENINSULA DR
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 restateing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SELTZER, LINDSEY A
STREET ADDRESS 776 RIVERSIDE DR
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE MGRM ☐ Delete
NAME SELTZER, LAUREN E
STREET ADDRESS 776 RIVERSIDE DR
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE MGRM ☐ Delete
NAME SELTZER, MATTHEW M
STREET ADDRESS 776 RIVERSIDE DR
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000242547
CITY-ST-ZIP 02/25/05-80003-013 50.00

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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.

SIGNATURE:

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

Date

Daytime Phone #

N. Seltz

17 Feb 05