

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90073 014 ****50.00

DOCUMENT # L03000019149

1. Entity Name
SAFE HAVEN AVIAN PLACEMENT SERVICE, LLC



Principal Place of Business
**1445 WINDMOOR DRIVE
DUNEDIN, FL 34698 US**

Mailing Address
**1445 WINDMOOR DRIVE
DUNEDIN, FL 34698 US**

41000007



2. Principal Place of Business

P.O. Box 7127
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7127
Suite, Apt. #, etc.

03072004 Chg-LLC CR2E083 (10/03)

City & State

Hudson, FL

Zip
34674

Country
USA

City & State

Hudson, FL

Zip
34674

Country
USA

4. FEI Number

56-2362285

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOORE, CHRISTINE M
1445 WINDMOOR DRIVE
DUNEDIN, FL 34698**

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 reinstating)

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** ☐ Delete
NAME **MOORE, CHRISTINE M**
STREET ADDRESS **1445 WINDMOOR DR**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **MGR** ☐ Delete
NAME **HOSNER, DENISE H**
STREET ADDRESS **2008 OLD OAK LANE**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Add
NAME
STREET ADDRESS **P.O. Box 7127**
CITY-ST-ZIP **Hudson, FL 34674**

TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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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

Christine Moore