

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-30-2004 90070 047 ****50.00
FILE # 03000019424

FILED
Jul 04, 2004 8:00 A.M.
Secretary of State

DOCUMENT # L03000019424			
1. Entity Name BAINBRIDGE VERO LLC			
Principal Place of Business 12765 WEST FOREST HILL BLVD., STE. 1307 WELLINGTON, FL 33414		Mailing Address 12765 WEST FOREST HILL BLVD., STE. 1307 WELLINGTON, FL 33414	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01092004 Chg-LLC CR2E083 (10/03)

4. FEE Number 73-1668384	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVID J. POWERS, P.A. 7777 GLADES RD., STE. 300 BOCA RATON, FL 33434		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	Schechter, Richard A.		STREET ADDRESS		
CITY-ST-ZIP	12791 W. Forest Hill Blvd. BS Wellington, Florida 33414		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	Mead, Sheila		STREET ADDRESS		
CITY-ST-ZIP	12791 W. Forest Hill Blvd. BS Wellington, Florida 33414		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	Keady, Thomas		STREET ADDRESS		
CITY-ST-ZIP	12791 W. Forest Hill Blvd. BS Wellington, Florida 33414		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
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.

SIGNATURE:

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

Date

Daytime Phone #