


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-09-2004 90186 021 ****55.00

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|---|--|--|---|---|--|
| DOCUMENT # L03000019651 | | | |  | |
| 1. Entity Name MISSOURI INVESTMENTS, LLC | | | | | |
| Principal Place of Business 3108 CENTRAL DRIVE PLANT CITY FL 33567 | | | Mailing Address 3108 CENTRAL DRIVE PLANT CITY FL 33567 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip 33566 | Country | | Zip 33566 | Country | |
| 6. Name and Address of Current Registered Agent VOGELER, BRETT A 3108 CENTRAL DRIVE PLANT CITY FL 33567 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| <div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 </div> | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR VOGELER, BRETT A 3108 CENTRAL DRIVE PLANT CITY FL 33567 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Brett Vogeler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

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MOORE CR2E083 (11/03)

4. FEI Number **27-0059205** Applied For
Not Applicable

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