2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # L03000021314 1. Entity Name GULF SOUND DEVELOPMENT CO., LLC Mailing Address Principal Place of Business 1708 METROPOLITAN BLVD. TALLAHASSEE FL 32308 1708 METROPOLITAN BLVD. TALLAHASSEE FL 32308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 4. FEI Number Applied For City & State City & State Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRIMSLEY, GEORGE F 1708 METROPOLITAN BLVD. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 City 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 Flonda. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registerod agent and hits if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 ☐ Change Addition MGR ☐ Defete THE GRIMSLEY, GEORGE F NAME NAME STREET ADDRESS 1708 METROPOLITAN BLVD. STREET ADDRESS CITY-ST-ZIE TALLAHASSEE FL 32308 CITY-ST-ZIP ☐ Change Addition Delete TITLE ITTLE NAME NAME STREET ADDRESS STREET ADDRESS U00000041029 CITY - ST - ZIP CITY-ST-ZIP 02/09/04-00071 Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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.

NAGER, OR AUTHORIZED REPRESENTATIVE

FILED...