

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90100 028 ****50.00

DOCUMENT # L03000021994

1. Entity Name

CLOWER & PHILLIPS, LLC



Principal Place of Business

1 HARRISON CREEK ROAD
AMELIA ISLAND FL 32034

Mailing Address

1 HARRISON CREEK ROAD
AMELIA ISLAND FL 32034

2. Principal Place of Business

20 Saltmarsh Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Amelia Island FL

City & State

City & State

Zip 32034

Country USA

Zip

Country

4. FEI Number

01-0791797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POOLE, WESLEY-R
303 CENTRE STREET, STE. 200
FERNANDINA BEACH FL 32034

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME Mike Clower
STREET ADDRESS 20 Saltmarsh Dr
CITY-ST-ZIP amelia Island FL 32034

☐ Delete

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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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: Mike Clower Mike Clower 7-26-04

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

Date

Daytime Phone #