

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-17-2004 90193 035 ****50.00

DOCUMENT # L03000022171

1. Entity Name
VARSITY STREET, LLC



34001166



Principal Place of Business
**305 BEULAH ROAD
WINTER GARDEN, FL 34787**

Mailing Address
**305 BEULAH ROAD
WINTER GARDEN, FL 34787**

2. Principal Place of Business

3. Mailing Address

P O Box 783309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

Winter Garden, FL

4. FEI Number

58-2674686

Applied For

Not Applicable

Zip

Country

Zip

34787

Country

USA

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASMA, WILLIAM N P.A.
886 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SUGGS, RALPH D.
305 BEULAH ROAD
WINTER GARDEN, FL 34787**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**436 Valley View Dr. YB 3-3-04
Winter Garden, FL 34787**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BENNETT, LISA
305 BEULAH ROAD
WINTER GARDEN, FL 34787**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**managing member
436 Valley View Dr.
Winter Garden, FL 34787**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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CITY - ST - ZIP

☐ Change ☐ Addition

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: Ralph D. Suggs, Ralph O. Suggs **owner member** 2/10/04 (321) 948-9296

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

Date

Daytime Phone #