

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAY 18 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number **Applied For** ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCIARETTA, STEVEN A
% STEVEN A. SCIARETTA, P.A.
2300 GLADES ROAD, SUITE 302-EAST
BOCA RATON, FL 33431

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 _____ (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

TITLE **MGR** ☐ Delete
NAME **SCIARETTA, STEVEN A**
STREET ADDRESS **2300 GLADES ROAD, SUITE 302-EAST**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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 #

4/30/04