2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/28

FILED
Jun 04, 2004 8:00 am
Secretary of State
04-28-2004 90072 038 ****50.00

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1. Entity Name
LAUGHLIN LLC

Principal Place of Business	Mailing Address
15 N. CORAL REEF CT PALM COAST, FL 32137	15 N. CORAL REEF CT PALM COAST, FL 32137

03182004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
15 N. Coral Reef CT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Coast, FL	City & State
Zip: 32137 Country: USA	Zip Country

4. FEI Number: 33-1064347 ☐ Applied For ☐ Not Applicable

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
LAUGHLIN, KENNETH F 15 N. CORAL REEF CT PALM COAST, FL 32137	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MANAGER Kenneth F. Laughlin 15 N. Coral Reef Court Palm Coast, FL 32137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Kenneth Laughlin 4-23-04 386-986-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #