

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90080 017 ****50.00

DOCUMENT # L03000024929

1. Entity Name

SUNSHINE LEGAL PUBLISHING, LLC



Principal Place of Business

574 RIDGELAKE ROAD
CRESTVIEW FL 32536

Mailing Address

574 RIDGELAKE ROAD
CRESTVIEW FL 32536

2. Principal Place of Business

381 Santa Rosa Blvd

Suite, Apt. #, etc.

C-710

City & State

Fort Walton Beach FL

Zip

32548

Country

OKalooosa

3. Mailing Address

381 Santa Rosa Blvd

Suite, Apt. #, etc.

C-710

City & State

Fort Walton Beach FL

Zip

32548

Country

OKalooosa



MOORE

CR2E083 (11/03)

4. FEI Number

81-0624384

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWIA TEK, GLENN M
10065 W EMERALD COAST PKWY., STE B-101(A)
DESTIN FL 32550

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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
GOBB, STEPHEN G
574 RIDGELAKE ROAD
CRESTVIEW FL 32536

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Cobb, Stephen G.
381 Santa Rosa Blvd C-710
Fort Walton Beach FL 32548

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

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

Date

Daytime Phone #

4/24/04

850-642-0992