2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/8/20

FILED
Sep 27, 2004 8:00 am
Secretary of State
09-08-2004 90002 011 ****50.00

DOCUMENT # L03000025857

1. Entity Name

A & H PROPERTIES, LLC

Principal Place of Business	Mailing Address
~~1415~~ 1480 TIMBERLANE ROAD TALLAHASSEE FL 32312	~~1415~~ 1480 TIMBERLANE ROAD TALLAHASSEE FL 32312

MOORE CR2E083 (4/04)

2. Principal Place of Business	3. Mailing Address
1480 Timberlane Road	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL.	City & State
Zip: FL. 32312 Country: USA	Zip Country

4. FEI Number: 37-1470898 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEPHENS, JAMES A
1415 TIMBERLANE ROAD
TALLAHASSEE FL 32312

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 James A Stephens, OD
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C.O.O. / Pres James A. Stephens, O.D. 1480 Timberlane Rd Tallahassee, Fla 32312 ☐ 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 James A Stephens James A. Stephens 9/2/04 (850) 893-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment 34010557

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 9, 2004

A & H PROPERTIES, LLC
1415 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

Subject: **A & H PROPERTIES, LLC**

Reference Number: **L03000025857**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.
If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/bg
ANNUAL REPORTS SECTION