

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90059 046 \*\*\*\*50.00

**DOCUMENT # L03000027399**

**1. Entity Name**

LETT PROPERTIES, LC



**Principal Place of Business**

5 BROADRIVER ROAD  
ORMOND BEACH FL 32174

**Mailing Address**

5 BROADRIVER ROAD  
ORMOND BEACH FL 32174

**2. Principal Place of Business**

135 MILL SPRING PLACE

Suite, Apt. #, etc.

ORMOND BEACH, FL

City & State

32174 USA

Zip

Country

**3. Mailing Address**

P.O. Box 730114

Suite, Apt. #, etc.

ORMOND BEACH, FL 3

City & State

32173-0114 USA

Zip

Country



MOORE

CR2E083 (11/03)

**4. FEI Number**

38-3688702

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

TUMBLESON, J. DOYLE  
150 SOUTH PALMETTO AVENUE, SUITE A  
DAYTONA BEACH FL 32114

**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** MGR ☐ Delete  
**NAME** TOLLAND, JOHN T  
**STREET ADDRESS** 5 BROADRIVER ROAD  
**CITY-ST-ZIP** ORMOND BEACH FL 32174

**TITLE** MGR ☐ Delete  
**NAME** WIEDENBAUER, THOMAS J  
**STREET ADDRESS** 135 MILL SPRING PLACE  
**CITY-ST-ZIP** ORMOND BEACH FL 32174

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS/CHANGES**

**TITLE** MGR ☐ Change ☒ Addition  
**NAME** WIEDENBAUER, ELLEN R.  
**STREET ADDRESS** 135 MILL SPRING PLACE  
**CITY-ST-ZIP** ORMOND BEACH, FL 32174

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

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

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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:** ELLEN R. WIEDENBAUER, MGR 4-22-04 (386) 212-6321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #