

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90493 027 ****50.00

DOCUMENT # L03000028053 1. Entity Name ETHICAL MARKETPLACE, LLC					
Principal Place of Business 10 CARRERA STREET ST. AUGUSTINE, FL 32084			Mailing Address 10 CARRERA STREET ST. AUGUSTINE, FL 32084		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 100 Arricola Ave. Suite, Apt. #, etc.			
City & State _____		City & State St. Augustine, FL		4. FEI Number 20-0123353	
Zip _____		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE 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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDERSON, HAZEL 10 CARRERA STREET ST. AUGUSTINE, FL 32084	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ 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: <u>Hazel Henderson Mgr.</u> <i>Hazel Henderson</i> 4/1/04 904-829-3140					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					