

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90206 015 ****50.00

DOCUMENT # L03000028861

1. Entity Name

KATHRYN NICOLE, LLC



Principal Place of Business

210 OSPREY COURT
VERO BEACH FL 32963

Mailing Address

210 OSPREY COURT
VERO BEACH FL 32963

2. Principal Place of Business

6160 North A1A

Suite, Apt. #, etc.

3. Mailing Address

6160 North A1A

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Vero Beach, FL

Zip

32963

Country

City & State

Vero Beach, FL

Zip

32963

Country

4. FEI Number

65-1200501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W
756 BEACHLAND BLVD.
COLLINS, BROWN, CALDWELL, BARKETT
VERO BEACH FL 32963

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	Managing Member	<input type="checkbox"/> Delete
NAME	Patricia Theriyoung	
STREET ADDRESS	210 Osprey Court	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Kathryn Theriyoung	
STREET ADDRESS	210 Osprey Court	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Richard Theriyoung	
STREET ADDRESS	210 Osprey Court	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

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

Date

Daytime Phone #

772 231 9295