

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2004 90037 028 ****50.00

DOCUMENT # L03000031483

1. Entity Name
BALI HI IMPORTS L.L.C.



Principal Place of Business
2096 CIRCLE PLACE DRIVE
LANTANA, FL 33462

Mailing Address
2096 CIRCLE PLACE DRIVE
LANTANA, FL 33462

24033000



2. Principal Place of Business
5480 North Ocean Drive

3. Mailing Address
5480 North Ocean Drive

Suite, Apt. #, etc.
PHA-B

Suite, Apt. #, etc.
PHA-B

04202004 Chg-LLC CR2E083 (10/03)

City & State
Riviera Beach FL

City & State
Riviera Beach FL

4. FEI Number
80-0096776

Applied For
Not Applicable

Zip Country
33404 Palm Beach

Zip Country
33404 Palm Beach

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNFORD, EDWIN LEE
2096 CIRCLE PLACE DRIVE
LANTANA, FL 33462

Name
Richard Letsinger
Street Address (P.O. Box Number is Not Acceptable)
5480 North Ocean Drive
PHA-B
City
Riviera Beach **FL** Zip Code
33404

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 *Richard Letsinger* **Richard Letsinger** **4/23/04**
Signature, typed or printed name of registered agent and title if applicable. (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
MGRM
DUNFORD, EDWIN LEE
2096 CIRCLE PLACE DRIVE
LANTANA, FL 33462 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Richard Letsinger
5480 North Ocean Drive PHA-B
Riviera Beach, FL 33404 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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: *Richard Letsinger* **Richard Letsinger** **4/23/04** **561-848-8012**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #