

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-20-2004 90187 019 ****55.00

DOCUMENT # L03000031987					
1. Entity Name LUCKY BUTTERWORTH, LLC					
Principal Place of Business 2455 SOUTH PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082			Mailing Address 2455 SOUTH PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-6159934	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCKY, BOHDAN W. 2455 SOUTH PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082			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)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member PRESIDENT Ellen C. Butterworth 2455 S. Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082	☐ Delete	10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member SECRETARY Bohdan W. Lucky 2455 S. Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082	☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member TREASURER (Blank)	☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Blank)	☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Blank)	☐ Delete	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Blank)	☐ Delete	☐ 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: <i>Bohdan W. Lucky</i>		Date: <i>5/20/04</i>		Daytime Phone #: 904-829-3512	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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