

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90331 023 \*\*\*\*50.00

DOCUMENT # L03000033037

1. Entity Name  
SGIFFORD2 & ASSOCIATES, LLC



Principal Place of Business  
457 SUN LAKE CIRCLE #303  
LAKE MARY, FL 32746

Mailing Address  
457 SUN LAKE CIRCLE #303  
LAKE MARY, FL 32746

64040470



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004 Chg-LLC CR2E083 (10/03)

4. FEI Number

04-3721387

Applied For

Not Applicable

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

GIFFORD, SAMUEL  
457 SUN LAKE CIR. #303  
LAKE MARY, FL 32746

Name

n/a <same R.A.>

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

*Samuel Gifford, managing member*

3-18-04

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 MGR  
NAME GIFFORD, SAMUEL J  
STREET ADDRESS 457 SUN LAKE CIR. #303  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME GIFFORD, TERESA A  
STREET ADDRESS 7204 SEMINOLE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32812

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Samuel Gifford, Samuel Gifford*

Manager

3-18-04

407-321-8137

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

Date

Daytime Phone #