

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90060 045 ****55.00

DOCUMENT # L03000033411			
1. Entity Name TODAY'S HOLDINGS MANAGEMENT, LLC			
Principal Place of Business 1468 KELSO BOULEVARD WINDERMERE, FL 34786		Mailing Address 1468 KELSO BOULEVARD WINDERMERE, FL 34786	
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 20-0190682		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		07072004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name WILKINSON, JAMES A		Name	
Street Address (P.O. Box Number is Not Acceptable) 201 EAST PINE STREET, SUITE 1200 ORLANDO, FL 32801		Street Address (P.O. Box Number is Not Acceptable)	
City ORLANDO		City	
State FL		State FL	
Zip 32801		Zip 32801	
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 September 8, 2004		Make check payable to Florida Department of State	
9. REGISTERED OFFICE (MANAGING MEMBERS/MANAGERS)		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MORGRIDGE, JOHN D 1468 KELSO BOULEVARD WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MORGRIDGE, CARRIE 1468 KELSO BOULEVARD WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: <i>Carrie A Morgridge</i>		Date: <i>7/14/04</i> Phone: <i>407-905-5087</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			