

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90041 022 ****50.00

DOCUMENT # L03000035620

1. Entity Name
L & P COLORADO, LLC



Principal Place of Business
**7305 ROYAL OAK DR.
SPRING HILL, FL 34607**

Mailing Address
**7305 ROYAL OAK DR.
SPRING HILL, FL 34607**

24001041



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Approved For
☒ Not Approved

Zip

Country

Zip

Country

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

**WATERS, CODY W
501 E. KENNEDY BLVD., STE. 1700
TAMPA, FL 33602**

Name
LESLIE R. JACKSON
Street Address (P.O. Box Number is Not Acceptable)
7305 ROYAL OAK DR
City
SPRING HILL FL Zip Code
34607

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]

**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
**MANAGER
LESLIE R. JACKSON
7305 ROYAL OAK DR.
SPRING HILL, FL 34607** ☐ Delete

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

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CITY, ST, ZIP
☐ Change ☐ Addition

11. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] **LESLIE R JACKSON**

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