


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

06-07-2004 90504 009 \*\*\*\*55.00

<b>DOCUMENT # L03000036221</b> 1. Entity Name <b>TWO BLONDES LIQUORS &amp; GIFTS, LLC</b>					
Principal Place of Business <b>82 COASTAL HIGHWAY PANACEA FL 32346</b>			Mailing Address <b>82 COASTAL HIGHWAY PANACEA FL 32346</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>P.O. BOX 86</b> Suite, Apt. #, etc. <b>PANACEA, FL 32346</b> City & State Zip      Country <b>USA</b>			
4. FEI Number <b>421604696</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				MOORE CR2E083 (11/03)	
6. Name and Address of Current Registered Agent  <b>ATKINS, KATHLEEN B 82 COASTAL HIGHWAY PANACEA FL 32346</b>			7. Name and Address of New Registered Agent Name <b>ATKINS-GUNTER, KATHLEEN B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>82 COASTAL HIGHWAY 98</b> <b>PANACEA</b> City <b>FL</b> Zip Code <b>32346</b>		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATKINS, KATHLEEN B P.O. BOX 15948 TALLAHASSEE FL 32317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRETT, JUDITH E 638 ALLIGATOR DRIVE PANACEA FL 32346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRETT, JUDITH E 1077 ALLIGATOR DRIVE PANACEA, FL 32346 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUNTER, WILLIAM D JR. P.O. BOX 12099 TALLAHASSEE FL 32317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Judith E. Brett, partner</u> <b>JUDITH E. BRETT</b> <b>5/9/04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date (Daytime Phone #)					

14023590



MOORE CR2E083 (11/03)

4. FEI Number  
421604696

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ATKINS, KATHLEEN B  
82 COASTAL HIGHWAY  
PANACEA FL 32346

## 7. Name and Address of New Registered Agent

Name **ATKINS-GUNTER, KATHLEEN B.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**82 COASTAL HIGHWAY 98**  
**PANACEA**  
 City **FL** Zip Code **32346**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

## 9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATKINS, KATHLEEN B P.O. BOX 15948 TALLAHASSEE FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRETT, JUDITH E 638 ALLIGATOR DRIVE PANACEA FL 32346	<input type="checkbox"/> Delete
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## 10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRETT, JUDITH E 1077 ALLIGATOR DRIVE PANACEA, FL 32346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

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

Date

(Daytime Phone #)