

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

07-14-2004 90061 030 ****55.00

DOCUMENT # L03000036453 1. Entity Name SHOULTS & SEVERANCE INVESTMENTS, L.L.C.			
Principal Place of Business 4401 STILLING CIRCLE DESTIN, FL 32541		Mailing Address 4401 STILLING CIRCLE DESTIN, FL 32541	
2. Principal Place of Business 309 SAND MYRTLE TRAIL Suite, Apt. #, etc.		3. Mailing Address 309 SAND MYRTLE TRAIL Suite, Apt. #, etc.	
City & State DESTIN, FL		City & State DESTIN, FL	
Zip 32541		Zip 32541	
4. FEI Number 20-0257860		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAVENS, JASON/E 1223 AIRPORT ROAD SUITE 101 DESTIN, FL 32541		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. DATE 7/13/04			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEVERANCE, RICHARD P 4401 STILLING CIRCLE DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOULTS, JEFFREY H 4048 DRIFTING SAND TRAIL DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			