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Aug 13, 2004 8:00 am
Secretary of State
07-15-2004 90049 026 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

.7/1!

DOCUMENT # L03000040332

1. Entity Name
LATONE ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
582 N. VOLUSIA AVE. ORANGE CITY, FL 32763	582 N. VOLUSIA AVE. ORANGE CITY, FL 32763

34009883

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07122004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1405975 ☐ 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
MERENDA, ANTHONY L 582 N. VOLUSIA AVE. ORANGE CITY, FL 32763	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. (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Delete	TITLE ~~Registered Agent~~ / NAME ~~Anthony L Merenda, Jr.~~ / STREET ADDRESS ~~462 River Dr~~ / CITY-ST-ZIP ~~DeBary, Fl. 32713~~	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE Managing Member / NAME Laura E. Merenda / STREET ADDRESS 462 River Dr. / CITY-ST-ZIP DeBary, Fl. 32713	☐ 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
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Per Nanette 8/10/04 12:15 PM

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] 7-12-04 386-775-6676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #