

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

04-20-2004 90190 014 ****50.00

DOCUMENT # L03000040403					
1. Entity Name ERINELIZ, LLC					
Principal Place of Business 3912 DUNAIRE DRIVE VALRICO, FL 33594			Mailing Address 3912 DUNAIRE DRIVE VALRICO, FL 33594		
2. Principal Place of Business 3912 Dunaire Drive			3. Mailing Address 3912 Dunaire Drive		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Valrico, Florida			City & State Valrico, Florida		
Zip 33594		Country Hillsborough		4. FEI Number 42-1628518	
Zip 33594		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HINES, JAMES P JR 315 S. HYDE PARK AVENUE TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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>Mary Cummings</u> MARY CUMMINGS 07 APR 04 1807					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

34005330



04082004 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

\$5.00 Additional
Fee Required

FL Zip Code

☐ Change ☒ Addition

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