


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90206 033 ****50.00

DOCUMENT # L03000041463 1. Entity Name FLOPOL, LLC					
Principal Place of Business 4565 SOUTH ATLANTIC AVENUE UNIT 5209 PONCE INLET, FL 32127			Mailing Address 4565 SOUTH ATLANTIC AVENUE UNIT 5209 PONCE INLET, FL 32127		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEAVEY, FLORENCE D 4565 SOUTH ATLANTIC AVENUE UNIT 5209 PONCE INLET, FL 32127			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGR SEAVEY, FLORENCE D 4565 SOUTH ATLANTIC AVENUE PONCE INLET, FL 32127 <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: Florence D. Seavey Florence D. Seavey 1-16-04 386-760-2797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

24001973



01072004 Chg-LLC CR2E083 (10/03)

Fee Number: **20-0381689** Applied For: ☐ Not Applicable: ☐

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