

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-08-2004 90275 038 ****50.00

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1. Entity Name

BRICK, SCANLAN, CRAFT, LLC



Principal Place of Business
452 SOUTH KINGS AVE.
BRANDON FL 33511

Mailing Address
452 SOUTH KINGS AVE.
BRANDON FL 33511

34003901

2. Principal Place of Business

425 S. KINGS AVE

3. Mailing Address

425 S. KINGS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0359962

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCANLAN, ROBERT J. ESQ.
101 E. KENNEDY BLVD., SUITE 1790
TAMPA FL 33602

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BRICK, GEORGE O M.D.
STREET ADDRESS 452 SOUTH KINGS AVE. 425 S. KINGS
CITY-ST-ZIP BRANDON FL 33511

TITLE MGRM
NAME SCANLAN, EDWARD D M.D.
STREET ADDRESS 452 SOUTH KINGS AVE. 425 S. KINGS
CITY-ST-ZIP BRANDON FL 33511

TITLE MGR
NAME CRAFT, MARK L M.D.
STREET ADDRESS 452 SOUTH KINGS AVE. 425 S. KINGS
CITY-ST-ZIP BRANDON FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mark L. Craft

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

4/5/04 (813) 685-1220

Date Daytime Phone #