

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90035 030 ****50.00

DOCUMENT # L03000042752

1. Entity Name

GUARDIAN STUCCO, L.L.C.



Principal Place of Business

488 FOREST SHORE DRIVE
DESTIN FL 32550

Mailing Address

488 FOREST SHORE DRIVE
DESTIN FL 32550

2. Principal Place of Business

488 FOREST SHORE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

488 FOREST SHORE DRIVE

Suite, Apt. #, etc.

City & State

DESTIN, FL.

City & State

DESTIN, FL.

4. FEI Number

20-0371025

Applied For

Not Applicable

Zip

32550

Country

USA

Zip

32550

Country

USA

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

ROSS, DONALD E
488 FOREST SHORE DRIVE
DESTIN FL 32550

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ROSS, DONALD E
STREET ADDRESS 488 FOREST SHORE DRIVE
CITY-ST-ZIP DESTIN FL 32550

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

TITLE MGR ☒ Delete
NAME GILLMAN, PHILIP
STREET ADDRESS 488 FOREST SHORE DRIVE
CITY-ST-ZIP DESTIN FL 32550

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

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

Date

Daytime Phone #

4/22/04 858-837-3564