

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-26-2004 90134 050 ****50.00

DOCUMENT # L03000044342

1. Entity Name
315 9TH STREET, LLC



Principal Place of Business
4710 HUNTING TRAIL
LAKE WORTH, FL 33467

Mailing Address
4710 HUNTING TRAIL
LAKE WORTH, FL 33467

14026751



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

74-3108837

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

DAVIS, RICHARD T
250 AUSTRALIAN AVENUE SOUTH
SUITE 1601
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name Lelani Brochard

Street Address (P.O. Box Number is Not Acceptable)

4710 Hunting Trail

City Lake Worth

FL

Zip Code 33467

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

Lelani Brochard

(NOTE: Registered Agent signature required when reinstating)

7/14/04

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BROCHARD, LELANI
STREET ADDRESS 4710 HUNTING TRAIL
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE MGRM ☐ Delete
NAME BROCHARD, GORDON
STREET ADDRESS 4710 HUNTING TRAIL
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE MGRM ☐ Delete
NAME DAY, TIM
STREET ADDRESS 354 WESTWOOD CIRCLE W
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE MGRM ☐ Delete
NAME DAY, MAUREEN
STREET ADDRESS 354 WESTWOOD CIRCLE W
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE MGRM ☐ Delete
NAME MURPHY, HAROLD
STREET ADDRESS 13245 21ST STREET N
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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

Lelani Brochard

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

7/14/04

Date

561-687-0820

Daytime Phone #