

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90037 006 \*\*\*\*50.00

**DOCUMENT # L03000045077**



1. Entity Name  
**PRONTO WEST OF OCALA, LLC**

Principal Place of Business  
**2057 LAUREL RUN DRIVE  
OCALA, FL 34471**

Mailing Address  
**2057 LAUREL RUN DRIVE  
OCALA, FL 34471**

**24083274**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07152004 Chg-LLC CR2E083 (10/03)

City & State  
Zip Country

4. FEI Number  
**Applied for**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BLANCHARD, DOCK A ESQUIRE  
4 SOUTHEAST BROADWAY STREET  
OCALA, FL 34471**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
SULLIVAN, JOHN D  
2057 LAUREL RUN DRIVE  
OCALA, FL 34471**

☐ Delete

## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

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

Date

Deputy Phone #