## 2004 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## DOCUMENT # L03000045345

1. Entity Name
VINCENT J. SULTENFUSS, SR. GENERAL
CONTRACTOR, LLC



FILED Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90025 007 \*\*\*\*50.00

					CO WE TO	32					
Principal Place of Business 29 DAVIS BLVD TAMPA, FL 33606			Mailing Address 29 DAVIS BLVD SUITE B TAMPA, FL 33606				24039744				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02232004	02232004 Chg-LLC CR2E083 (10/03)				
City & State			City & State			4. FEI Numb	er ,,			olied For Applicable	
Zip		Country	Zip Country		try	5. Certificate	of Status Desired		<b>5.00</b> Addi ee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
SULTENFUSS, VINCENT J SR 29 DAVIS BLVD SUITE B TAMPA, FL 33606					Name Street Address (P.O. Box Number is Not Acceptable)						
					City	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											
Filing Fee is \$50.00 Due by May 1, 2004								e check pa a Departme		•	
9.		MANAGING MEMBER	I RS / MANAGERS	10.	-		ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	29 DAVIS	MGRM Delete TIII SULTENFUSS, VINCENT J SR. 29 DAVIS BLVD ST		TITLE NAMI STRE	1		ADDITION		☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP	15.33	N Wrd Tr., 19	(i) i) mgc.		r-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 eath; 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: VINCENT J. SULTENFUSS, SR. 4-8-04
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date Daytime Phone #