

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90043 020 ****50.00

DOCUMENT # L03000045619

1. Entity Name

6427 PHILIPS LLC



Principal Place of Business

**1301 RIVERPLACE BLVD, STE. 2330
JACKSONVILLE FL 32207**

Mailing Address

**1301 RIVERPLACE BLVD, STE. 2330
JACKSONVILLE FL 32207**

2. Principal Place of Business

6411 Philips Hwy

Suite, Apt. #, etc.

3. Mailing Address

6411 Philips Hwy

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32216

Country

Duval

Zip

32216

Country

Duval

4. FEI Number

20-0426000

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAX CO.
ATTN: SHARON R. HENDERSON, ESQ
50 N LAURA ST, STE 3300
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Robin D. Sturm, Sr.

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

6411 Philips Hwy.

City

Jacksonville

FL

Zip Code
32216

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)

Robin D. Sturm, Sr.

4/16/04

(NOTE: Registered Agent signature required when reinstating Member)

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 **Managing Member** ☐ Delete
NAME **Robin D. Sturm, Sr.**
STREET ADDRESS **6411 Philips Hwy.**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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

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:

(Signature)

Robin D. Sturm, Sr. Member

Date

4/16/04

Daytime Phone #