


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90106 007 \*\*\*\*50.00

**DOCUMENT # L03000046329**

1. Entity Name  
**HARRY W. BEECK, LLC**



Principal Place of Business  
 1275 S. INDIES CIRCLE  
 VENICE FL 34285

Mailing Address  
 1275 S. INDIES CIRCLE  
 VENICE FL 34285

2. Principal Place of Business  
*Harry W. Beeck LLC*

3. Mailing Address  
*Harry W. Beeck LLC*

Suite, Apt. #, etc.  
*264 Warfield Ave., unit 41*

Suite, Apt. #, etc.  
*1275 S. Indies Circle*

City & State  
*Venice, FL.*

City & State  
*Venice, FL.*

Zip  
*34285*

Country  
*Sarasota*

Zip  
*34285*

Country  
*Sarasota*



MOORE CR2E083 (11/03)

4. FEI Number  
~~077-28-9754~~  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BETTERTON, GREG A**  
**981 RIDGEWOOD AVENUE, SUITE 101**  
**VENICE FL 34285**

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 \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEECK, HARRY W 1275 S. INDIES CIRCLE VENICE FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Harry W. Beeck, Pres.* *Harry W. Beeck, Pres.* Date: *2/4/04* 941-488-3433

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

Attachment

[Redacted]

3400174

HARRY W. BEECK, LLC  
MOBILE HOME SERVICES  
1275 SOUTH INDIES CIRCLE  
VENICE, FL 34292  
PH: 941-488-3433 FAX: 941-486-8935  
Licensed & Insured

L0300

2/4/04

Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

Re: L03000046329  
2004 Annual Report

To whom this may concern:

Why do I need to file an Annual Report for 2004 already?

My new Business Name was only activated as of Jan. 1, 2004.

See attached copies of Registrations (References).

Harry W. Beeck, Pres.



# Certificate of Registration

*Attachment*

R. 01/04

Issued Pursuant to Chapter 212, Florida Statutes

[Redacted]

*LD 5000046329*

68-8012965451-9 Certificate Number	12/12/03 Registration Effective Date	01/01/04 Opening Date	Quarterly Filing Frequency
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*34001174*

is certifies that

**HARRY W BEECK LLC  
264 WARFIELD AVE UNIT 41  
VENICE FL 34285-4641**

*← Business Location*

*Mailing*

**HARRY W. BEECK  
1275 S. Indies Circle  
Venice, FL 34292  
Phone 641-488-3433**

is certifies that the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit tax as required by Florida law. This certificate is non-transferable.

**POST THIS CERTIFICATE IN A CONSPICUOUS PLACE**

**RE-ISSUANCE**

*Attachment* 01-05-2004



**[REDACTED]** 34601174  
L030000240329

TOM GALLAGHER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION \*\***

This certificate exempts the Officer of the Corporation or the Member of the Limited Liability Company listed below from the provision of Florida Workers' Compensation Law for the period indicated below.

EFFECTIVE DATE: 01/01/2004

EXPIRATION DATE: 01/17/2005

CORPORATE OFFICER/  
LLC MEMBER NAME:

BEECK

HARRY

W

FEIN:

077289754

BUSINESS NAME AND  
ADDRESS:

HARRY W BEECK LLC  
1275 S. INDIES CIRCLE  
VENICE

FL 34285

~~SCOPE OF BUSINESS OR TRADE: REPAIR SERVICE~~

**IMPORTANT:** Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 489-2333