

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90057 023 ****50.00

DOCUMENT # L03000049605

1. Entity Name
JAMES DEAN SWEENEY, LLC



Principal Place of Business
**501 E. INDIANA STREET
FLORAHOME, FL 32140-0041**

Mailing Address
**501 E. INDIANA STREET
FLORAHOME, FL 32140-0041**

2. Principal Place of Business

3. Mailing Address

P.O. Box 41

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Florahome FL

Zip

Country

Zip

Country

32140

01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number
37-1491653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWEENEY, JAMES DEAN
501 E. INDIANA STREET
FLORAHOME, FL 32140-0041**

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

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SWEENEY, JAMES DEAN
501 E. INDIANA STREET
FLORAHOME, FL 321400041**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for a 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:

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

JAMES DEAN SWEENEY 01-18-05 386-659-2434
Date Daytime Phone #