

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90010 048 ****50.00

DOCUMENT # L03000051053

1. Entity Name
THE METHOD LLC



Principal Place of Business
3800 SOUTHERN BLVD., STE. 101
WEST PALM BEACH, FL. 33406

Mailing Address
3800 SOUTHERN BLVD., STE. 101
WEST PALM BEACH, FL 33406

2. Principal Place of Business:

3. Mailing Address

3800 Southern Blvd.

Suite, Apt. #, etc.

108 ← NW

Suite, Apt. #, etc.

03212003 Chg-LLC CR2E083 (10/03)

City & State

West Palm Beach

City & State

FL

4. FEI Number

20-0470015

Applied For

Not Applicable

Zip

33406

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required.

3. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUGAN, LARRY
270 SOUTH COUNTY RD
PALM BEACH, FL 33480

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 September 8, 2004

Make check payable to -
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COURSEY, JEFF M
3800 SOUTHERN BLVD., STE. 101
WEST PALM BEACH, FL 33406 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROTHELL, DARREN L
3800 SOUTHERN BLVD., STE. 101
WEST PALM BEACH, FL 33406 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Jeff M. Coursey

Jeff M. Coursey 05-17-04

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

Date

Daytime Phone #