

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

04-28-2004 90064 009 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000051299					
1. Entity Name TERPSTRA DECORATING, L.L.C.					
Principal Place of Business 6091 MEDICI COURT, #209 SARASOTA FL 34243			Mailing Address 6091 MEDICI COURT, #209 SARASOTA FL 34243		
2. Principal Place of Business SARASOTA 6091 MEDICI		3. Mailing Address 6091 MEDICI COURT			
Suite, Apt. #, etc. 209		Suite, Apt. #, etc. 209			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 38-2678303	
Zip 34243		Country SARASOTA		Applied For ☐ Not Applicable	
Country SARASOTA		Zip 34243		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, KATHERINE L ESO ICARD MERRILL CULLIS-TIMM FUREN & GINSBURG 2033 MAIN STREET, SUITE 600 SARASOTA FL 34237			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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	MANAGER RICHARD J TERPSTRA 6091 MEDICI COURT #209 SARASOTA FL 34243	☐ 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	
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: RICHARD J TERPSTRA 4/26/2004 941 809 3225					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					