06-08-04 21:26 From- 555 1234

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/29/ 3/29/

FILED
Jul 01, 2004 8:00 am
Secretary of State
03-29-2004 90559 029 ****50.00

DOCUMENT # L03000051533

1. Entity Name
PETER HOLDEN, LLC

Principal Place of Business	Mailing Address
1844 NOB HILL ROAD #618 PLANTATION, FL 33322	1844 NOB HILL ROAD #618 PLANTATION, FL 33322

03252004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0974691 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLSTEIN, GERALD K
8320 WEST SUNRISE BLVD.
SUITE 203
PLANTATION, FL 33322

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 ______ Date ______

Filing Fee is $50.00 Due By May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PETER HOLDEN 1844 NOB HILL RD #618 RM PLANTATION, FL 33322 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Peter Holden Peter Holden 3-25-04 954 817-1004
Signature and typed or printed name of signing managing member, manager, or authorized representative / Date / Daytime Phone #