

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90035 016 ****50.00

DOCUMENT # L03000053227

1. Entity Name

STEPHEN E. SWEETWOOD, LLC



Principal Place of Business

**13211 PARK BLVD.
SEMINOLE FL 33776**

Mailing Address

**13211 PARK BLVD.
SEMINOLE FL 33776**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 8201

City & State

City & State

Seminole FL

Zip

Country

Zip

Country

33775

USA

4. FEI Number

2004 891 28

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWEETWOOD, STEPHEN E
13211 PARK BLVD.
SEMINOLE FL 33776**

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

Stephen E Sweetwood

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10-04

**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
SWEETWOOD, STEPHEN E
13211 PARK BLVD.
SEMINOLE FL 33776**

☐ Delete

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STREET ADDRESS
CITY - ST - ZIP

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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:

Stephen E Sweetwood

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

Date

Daytime Phone #