

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90089 009 ****55.00

DOCUMENT # L03000053415

1. Entity Name
JEFFREY RANDOLPH, LLC



Principal Place of Business
129 OAK PARK AVENUE
BROOKSVILLE, FL 34601 US

Mailing Address
129 OAK PARK AVENUE
BROOKSVILLE, FL 34601 US

2. Principal Place of Business
2156 DELTONA BLVD.
Suite, Apt. #, etc.

3. Mailing Address
2156 DELTONA BLVD.
Suite, Apt. #, etc.



08112004 Chg-LLC CR2E083 (10/03)

City & State
SPRING HILL FLA
Zip
34606
Country
U.S.

City & State
SPRING HILL FLA
Zip
34606
Country
U.S.

4. FEI Number
592886049
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THADDEUS FREEMAN, PLLC
8150 CYPRESS GARDEN COURT
LARGO, FL 33777

SAME

7. Name and Address of New Registered Agent

Name
JEFF RANDOLPH
Street Address (P.O. Box Number is Not Acceptable)
2156 DELTONA BLVD
City
SPRING HILL FL Zip Code
34606

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

TITLE
NAME
MGRM
RANDOLPH, JEFFREY L
STREET ADDRESS
129 OAK PARK AVENUE
CITY-ST-ZIP
BROOKSVILLE, FL 34601 ☐ 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
MGRM
RANDOLPH JEFFREY L
STREET ADDRESS
2156 DELTONA BLVD
CITY-ST-ZIP
SPRING HILL FL 34606 ☒ 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 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:

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

Date

Daytime Phone #

8-28-04 352-238-1612