2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/14/

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-14-2004 90284 028 ****50.00

DOCUMENT # L03000053787

1. Entity Name
HAROLD LONGWORTH, L.L.C.

Principal Place of Business
838 OAKVIEW DRIVE
NEW SMYRNA BEACH, FL 32169

Mailing Address
838 OAKVIEW DRIVE
NEW SMYRNA BEACH, FL 32169

3400...

04122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
818 OAKVIEW DR		818 OAKVIEW DR	
Suite, Apt. #, etc. NEW SMYRNA Bch		Suite, Apt. #, etc. NEW SMYRNA Bch	
City & State FL.		City & State FL.	
Zip 32169	Country VOLUSIA	Zip 32169	Country VOLUSIA

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LONGWORTH, HAROLD
838 OAKVIEW DRIVE
NEW SMYRNA BEACH, FL 32169

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 [signature] Harold Longworth, LLC
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 May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LONGWORTH, HAROLD		NAME		
STREET ADDRESS	838 OAKVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] Harold Longworth, LLC 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #