


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90187 029 ****50.00

DOCUMENT # L03000054516 1. Entity Name RICK BUTERA LLC					
Principal Place of Business 5027 DELMONTE AVENUE SARASOTA, FL 34235			Mailing Address 5027 DELMONTE AVENUE SARASOTA, FL 34235.		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUTERA, RICHARD R 5027 DELMONTE AVENUE SARASOTA, FL 34235				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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)					
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			TITLE	
NAME	BUTERA, RICHARD R			NAME	
STREET ADDRESS	5027 DELMONTE AVENUE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235			CITY-ST-ZIP	
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition



03312004 Chg-LLC CR2E083 (10/03)

4. FEI Number **05-0594564** Applied For
Not Applicable

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

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 R Butera **4/15/04 (941-351-7452)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #