

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Oct 01, 2004 8:00 am**  
**Secretary of State**

09-14-2004 90067 014 \*\*\*\*50.00

**DOCUMENT # L03000054970**



1. Entity Name  
**KENT CLARK INDUSTRIES LLC**

Principal Place of Business  
**5300 W. ATLANTIC AVE, STE 701  
DELRAY BEACH, FL 33484**

Mailing Address  
**5300 W. ATLANTIC AVE, STE 701  
DELRAY BEACH, FL 33484**

**34010040**



2. Principal Place of Business

3. Mailing Address

Suite #, etc.

Suite, Apt. #, etc.

08262004 Chg-LLC CR2E083 (10/03)

City

City & State

4. FEI Number  
**92-0186713**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORAN, JOSEPH P.  
5300 W. ATLANTIC AVE, STE 701  
DELRAY BEACH, FL 33484**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MEMBER** *managing member* ☐ Delete  
NAME **JOSEPH P MORAN**  
STREET ADDRESS **555 SE 6TH AVE., PENTHOUSE H**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**09/02/04**

Date

Daytime Phone #



Attachment  
34010640

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 15, 2004

KENT CLARK INDUSTRIES LLC  
5300 W. ATLANTIC AVE, STE 701  
DELRAY BEACH, FL 33484

Subject: KENT CLARK INDUSTRIES LLC

Reference Number: L03000054970

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314  
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/bg

ANNUAL REPORTS SECTION