

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90056 048 ****55.00

DOCUMENT # L03000055026

1. Entity Name

CARL A TAYLOR, LLC



Principal Place of Business

11150 KNOTTY PINE DRIVE
NEW PORT RICHEY FL 34654

Mailing Address

11150 KNOTTY PINE DRIVE
NEW PORT RICHEY FL 34654

2. Principal Place of Business

11150 Knotty Pine Dr.

Suite, Apt. #, etc.

3. Mailing Address

11150 Knotty Pine Dr.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

Country

U.S.A.

City & State

New Port Richey, FL

Zip

Country

U.S.A.

4. FEI Number

20-0585930

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, CARL
11150 KNOTTY PINE DRIVE
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name

TAYLOR, CARL

Street Address (P.O. Box Number is Not Acceptable)

11150 Knotty Pine Drive

City

New Port Richey, 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

Carl A Taylor

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

(NOTE: Registered Agent signature required when reinstating)

4-22-04

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
TAYLOR, CARL
STREET ADDRESS 11150 KNOTTY PINE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Carl A Taylor

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

4-22-04 (727) 857-2455

Date

Daytime Phone #