


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

05-03-2004 90110 008 ****50.00

DOCUMENT # L03000055154			
1. Entity Name JOHN ZEMANEK BEAUTIFUL INTERIORS, L.L.C.			
Principal Place of Business 109 TERRAPIN RD. SAINT AUGUSTINE FL 32086		Mailing Address 109 TERRAPIN RD. SAINT AUGUSTINE FL 32086	
2. Principal Place of Business 109 Terrapin Rd.		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Saint Augustine, Fla.		City & State Same	
Zip 32086	Country ST. Johns	Zip Same	Country Same
6. Name and Address of Current Registered Agent ZEMANEK, JOHN 109 TERRAPIN RD. SAINT AUGUSTINE FL 32086		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEMANEK, JOHN. 109 TERRAPIN RD. SAINT AUGUSTINE FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>John L. Zemaneck</u> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

34006689



MOORE CR2E083 (11/03)

4. FEI Number **32-0116881** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required