

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90002 027 \*\*\*\*50.00

**DOCUMENT # L03000055729**

1. Entity Name  
**CHELSEA'S D.B. RENTALS, LLC**



Principal Place of Business  
**103 SEA DUCK DR.  
DAYTONA BEACH, FL 32119**

Mailing Address  
**103 SEA DUCK DR.  
DAYTONA BEACH, FL 32119**



2. Principal Place of Business  
**103 Sea Duck Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**103 Sea Duck Dr.**  
Suite, Apt. #, etc.

04302004 Chg-LLC CR2E083 (10/03)

City & State  
**Daytona Beach, FL**  
Zip  
**FL 32119**  
Country  
**Volusia**

City & State  
**Daytona Beach, FL**  
Zip  
**32119**  
Country  
**Volusia**

4. FEI Number  
**20-0515012**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LASSETER, LYNDIA S  
103 SEA DUCK DR.  
DAYTONA BEACH, FL 32119**

**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

*Lynda S. Lasseter*

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

(NOTE: Registered Agent signature required when reinstating)

*4/30/04*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**mgr**  
NAME  
**Lynda S. Lasseter**  
STREET ADDRESS  
**103 Sea Duck Dr.**  
CITY-ST-ZIP  
**Daytona Beach, FL 32119**

☐ Delete

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE ☐ Change ☐ Addition

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☐ Delete

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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:**

*Lynda S. Lasseter*

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

Date

Daytime Phone #