

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/14/04

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-14-2004 90060 030 ****50.00

DOCUMENT # L03000056894

1. Entity Name
HARBOR WOODWORKS, LLC



Principal Place of Business:
**1010 PARK CT
SAFETY HARBOR, FL 34695**

Mailing Address:
**1010 PARK CT
SAFETY HARBOR, FL 34695**

34003574

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-0528624

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOHMEYER, MIKE
1010 PARK CT
SAFETY HARBOR, FL 34695**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOHMEYER, MIKE
8282 WESTERN WAY CIR, STE 1241
JACKSONVILLE, FL 32256**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1010 PARK CT.
SAFETY HARBOR, FL 34695**

☐ Change ☐ 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:

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

7/12/04

Date

727-669-0808

Daytime Phone #