

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056997

**FILED**  
**Feb 23, 2004**  
**Secretary of State**

**Entity Name:** LEGAL POWERS LC

**Current Principal Place of Business:**

13837 MARGO AVE.  
HUDSON, FL 34667 US

**New Principal Place of Business:**

6634 NW 37TH AVE  
COCONUT CREEK, FL 33073 US

**Current Mailing Address:**

13837 MARGO AVE.  
HUDSON, FL 34667 US

**New Mailing Address:**

6634 NW 37TH AVE  
COCONUT CREEK, FL 33073 US

**FEI Number:** 20-0764018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

POWERS, TONI  
13837 MARGO AVE.  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

POWERS, TONI  
6634 NW 37TH AVE  
COCONUT CREEK, FL 33073 US

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.

SIGNATURE:

02/23/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: POWERS, TONI  
Address: 13837 MARGO AVE.  
City-St-Zip: HUDSON, FL 34667 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: POWERS, TONI  
Address: 6634 NW 37TH AVE  
City-St-Zip: COCONUT CREEK, FL 33073 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TONI POWERS

MGRM

02/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date