

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2004 90024 006 ****55.00

24045945



04022004 Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1717532 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

HERKALO, DAVID
633 NW 8TH AVENUE
GAINESVILLE, FL 32601

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 _____

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HERKALO, DAVID	
STREET ADDRESS	633 NW 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SMITH, MARC	
STREET ADDRESS	4230 NW 55TH WAY	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT	
STREET ADDRESS	P.O. BOX 358290	
CITY-ST-ZIP	GAINESVILLE, FL 326358290	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WISE, ANDREW	
STREET ADDRESS	2918 NE 18TH WAY	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: DAVID HERKALO 473-54 302-380 5119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #