2005 LIMITED LIABILITY COMPĂNY ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State
05-02-2005 90122 010 ****50.00

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NAME STREET ADDRESS CITY-ST-ZP TITLE MGR WOODIS, DONNA F STREET ADDRESS CITY-ST-ZP TITLE MGR WOODIS, BAILEE M STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP	1. Entity Nam	MENT # L0400000 ENTERPRISES, LLC	3265							
Sulte. April - etc. Sulte. April - etc. Sulte. April - etc. Ox302005 Chg-LLC CR2E083 (10/03)	2005 CLAY A	VENUE	2005 CLAY AVENUE	2005 CLAY AVENUE			30007333			
City & State Country Country Country Country Country Country B. Name and Address of Current Registered Agent T. Name and Address of Hye Registered Agent The Address of Hye Registered Agent T. Name and Address of Hye Registered Agent The Address of Hye Regist	2. Principal P	lace of Business	3. Mailing Address							
Post Application Status Desired Status Desired St. Op Additional Programme St. Op Addi	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302005	Chg-LLC	CR2E083 (1	0/03)		
S. Name and Address of Current Registered Agent T. Name and Address of Name Agent S. O. Additional Fee Regulated	City & State	9	City & State	City & State						
Name	Zlp Country		Zip	Zip Coun		5. Certificate of Status Desired \$5.00 Addition		ittional		
Sheet Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Name and Address of Curre	rt Registered Agent		Name	7. Name an	d Address of New Re	gistered Agent		
PANAMA CITY, FL 32405 City FL Zip Code					Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent. SignaTure										
B. The above named entity submist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent. SIGNATURE Signature Special point or production of registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent. Signature Sig					City			El Z	ip Codr	
the obligations of registered agent. SignaTure Si	8. The above	named entity submits this statement	for the purpose of changing it	s register	ed office or register	red agent, or b	oth, in the State of Flori		r with.	and accept
TITLE MGRM WOODIS, WILLIAM E STRET ADDRESS 2005 CLAY AVENUE ST	Fi	iling Fee is \$50.00	ent and the If applicable (NC	TE: Augistu e	d Agent algoriture required	d when reinstaling)		check payab		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the examption 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.	HAVE		☐ Celete	NAM	£				hange	Addition
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