

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90016 014 ****50.00

DOCUMENT # L04000008923

1. Entity Name
JAMES R. KONTORCHIK, LLC



Principal Place of Business
3265 NET COURT
JACKSONVILLE, FL 32277

Mailing Address
3265 NET COURT
JACKSONVILLE, FL 32277

20056037



2. Principal Place of Business

3265 Net Court

3. Mailing Address

3265 Net Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005 Chg-LLC CR2E083 (10/03)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

05-0550350

Applied For

Not Applicable

Zip

32277

Country

US

Zip

32277

Country

US

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME KONTORCHIK, JAMES R
STREET ADDRESS 3265 NET COURT
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ST ☐ Delete
NAME KONTORCHIK, JAMES R
STREET ADDRESS 3265 NET COURT
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

4/26/05

Date

Daytime Phone #