

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000031967

1. Entity Name
E03, LLC



Principal Place of Business

20020 VETERANS BOULEVARD
SUITE 7-9
PORT CHARLOTTE, FL 33954

Mailing Address

20020 VETERANS BOULEVARD
SUITE 7-9
PORT CHARLOTTE, FL 33954



01292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0961365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEILER, JEFF R
20020 VETERANS BOULEVARD
SUITE 7-9
PORT CHARLOTTE, FL 33954

**DO NOT WRITE
IN THIS SPACE**

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] 2/12/08
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75 ...

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEILER, JEFF R
STREET ADDRESS	108 GILL STREET
CITY-ST-ZIP	PUNTA GORDA, FL 339503613

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/08-80002-012 143.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 2/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #