



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90029 031 ****50.00

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|---|---|--|---|--|--|
| DOCUMENT # L04000035895 1. Entity Name ERIC SIEGEL, LLC. | | | |  | |
| Principal Place of Business 1291 SUTTON TRAIL GENEVA, FL 32732 US | | | Mailing Address P. O. BOX 166 GENEVA, FL 32732 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 20111763 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SIEGEL, ERIC 1291 SUTTON TRAIL GENEVA, FL 32732 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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. | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <u><i>Eric Siegel</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <u>Eric Siegel</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <u>4-28-05</u> <small>DATE</small> </div> </div> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SIEGEL, ERIC 1291 SUTTON TRAIL GENEVA, FL 32732 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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. | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <u><i>Eric Siegel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> <u>4-28-05</u> <small>Date</small> </div> <div> <u>407 9471556</u> <small>Daytime Phone #</small> </div> </div> | | | | | |