

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2005 8:00 am
Secretary of State

01-26-2005 90061 048 ****50.00

DOCUMENT # L04000049599	
1. Entity Name CLEARWATER BEACH SALES CENTER, LLC	

Principal Place of Business 20001 GULF BLVD., STE. 5 INDIAN SHORES FL 33785	Mailing Address 20001 GULF BLVD., STE. 5 INDIAN SHORES FL 33785
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300000331



1st MOORE CR2E083 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 20-1328622	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR ARSENAULT LAW GROUP, P.A. 10225 ULMERTON ROAD, STE. 2 LARGO FL 33771	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAGE, EVELYN V 20001 GULF BLVD., STE. 5 INDIAN SHORES FL 33785 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAGE, STEPHEN J 20001 GULF BLVD., STE. 5 INDIAN SHORES FL 33785 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILLIS, GEORGETTE 20001 GULF BLVD., STE. 5 INDIAN SHORES FL 33785 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE:  **1/20/05 727-595-0366**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #