


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State


02-07-2005 90286 035 ****50.00

DOCUMENT # L04000051798 1. Entity Name CARPE DIEM ENTERPRISES, LLC		
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Principal Place of Business 5318 SIESTA COVE DRIVE SARASOTA FL 34242	Mailing Address 5318 SIESTA COVE DRIVE SARASOTA FL 34242
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2. Principal Place of Business <i>2010 Whitfield Park Loop</i>	3. Mailing Address <i>2010 Whitfield Park Loop</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Sarasota FL</i>	City & State <i>Sarasota FL</i>
Zip <i>34243</i>	Country <i>USA</i>

	
1st MOORE	CR2E083 (10/04)
4. FEI Number <i>20-1406702</i>	<input type="checkbox"/> Applied For <input checked="" 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 CHAPMAN, KENNETH D JR 1920 GOLF STREET SARASOTA FL 34236	
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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>	
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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 _____ (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	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIRTH, WILLIAM T 5318 SIESTA COVE DRIVE SARASOTA FL 34242 <div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIRTH, CAROLYN L 5318 SIESTA COVE DRIVE SARASOTA FL 34242 <div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <i>2010 Whitfield Park Loop Sarasota FL 34243</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <i>2010 Whitfield Park Loop Sarasota FL 34243</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>

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: <i>Carolyn L. Firth</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: <i>1-31-05</i> Daytime Phone #: <i>941-753-3555</i>
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