## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000086872

Entity Name: FLORIMET, LLC

**FILED** Mar 01, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2909 GULF TO BAY BLVD., #P-203 2909 GULF TO BAY BLVD., CLEARWATER, FL 33759

P203

CLEARWATER, FL 33759

**Current Mailing Address: New Mailing Address:** 

2909 GULF TO BAY BLVD., #P-203 2909 GULF TO BAY BLVD., P203

CLEARWATER, FL 33759

CLEARWATER, FL 33759

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KETCALFE, KEITH M METCALFE, KEITH M. 2909 GULF TO BAY BLVD., #P-203 2909 GULF TO BAY BLVD.,

CLEARWATER, FL 33759 P203 CLEARWATER, FL 33759 US

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.

SIGNATURE: K M METCALFE 03/01/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

METCALFE, KEITH M Name: Name: 2909 GULF TO BAY BLVD., #P-203 Address: Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

METCALFE, TRUDY S Name: Name: Address: 2909 GULF TO BAY BLVD., #P-203 Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

METCALFE, STEPHEN K Name: Name: Address: 2909 GULF TO BAY BLVD., #P-203 Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: K M METCALFE **MGRM** 03/01/2005