

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90135 023 ****50.00

DOCUMENT # L97000000276

i. Entity Name
NORTHERN LIGHTS INTERNATIONAL, L.C.



Principal Place of Business
23031 FLORALWOOD LANE
BOCA RATON, FL 33433-7992

Mailing Address
23031 FLORALWOOD LANE
BOCA RATON, FL 33433-7992

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
401 SEA OATS DR #A

Suite, Apt. #, etc.
401 SEA OATS DR #A

04192004 Chg-LLC CR2E083 (10/03)

City & State
JUNO BEACH FL

City & State
JUNO BEACH FL

4. FEI Number
65-0748777

Applied For
Not Applicable

Zip
33408

Country
USA

Zip
33408

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLMES, CHRIS
23031 FLORALWOOD LANE
BOCA RATON, FL 33433-7992

Name

Street Address (P.O. Box Number is Not Acceptable)

401 SEA OATS DRIVE #A

City JUNO BEACH

FL

Zip Code 33408

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOLMES, CHRIS P
23031 FLORALWOOD LANE
BOCA RATON, FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
401 SEA OATS DR #A
JUNO BEACH, FL 33408 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOLMES, DONNA
23031 FLORALWOOD LANE
BOCA RATON, FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
401 SEA OATS DR #A
JUNO BEACH FL 33408 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

April 22 04