


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90139 006 ****50.00

DOCUMENT # L97000000290	
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1. Entity Name
COTTAGES OF GENTLE BREEZE, L.C.

Principal Place of Business
9416 N. GENTLE BREEZE LOOP
DUNNELLON, FL 34434

Mailing Address
9416 N. GENTLE BREEZE LOOP
DUNNELLON, FL 34434



07232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3431189

Applied For
Not Applicable

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

SCHMIDT, ROBERT
9416 N. GENTLE BREEZE LOOP
DUNNELLON, FL 34434

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Robert L. Schmidt (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHMIDT, ROBERT 9416 N. GENTLE BREEZE LOOP DUNNELLON, FL 34434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert L. Schmidt 8/27/04 (352) 489-5539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #