

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000418

1. Entity Name
C.L. FLOYD ENTERPRISES LIMITED COMPANY



01262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number **65-0816671** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BECHT, EDWARD W
321 SO SECOND ST.
FORT PIERCE, FL 34950

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLOYD, MARK C 4815 US ONE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLOYD ENTERPRISES INC. 6100 TELEGRAPH ROAD TOLEDO, OH 43612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/04/04-80042-014 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Mark C. Floyd Mark C. Floyd 1-26-2004 772-461-4770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #