

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90593 014 ****50.00

DOCUMENT # L98000001447

1. Entity Name

SANDLES I, L.L.C.



Principal Place of Business

732 LIVE OAK TERRACE, N.E.
ST. PETERSBURG FL 33703

Mailing Address

732 LIVE OAK TERRACE, N.E.
ST. PETERSBURG FL 33703

20020387



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

691 MALTA CT. N.E.

Suite, Apt. #, etc.

3. Mailing Address

691 MALTA CT. N.E.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33703

Country

FLORIDA

City & State

ST. PETERSBURG, FL

Zip

33703

Country

FLORIDA

4. FEI Number

59-3537085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOTT, CHARLES L
732 LIVE OAK TERRACE, N.E.
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name KOTT, CHARLES L.

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

691 MALTA CT. N.E.

City

ST. PETERSBURG FL

Zip Code

33703

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME KOTT, CHARLES L
STREET ADDRESS 732 LIVE OAK TERRACE, N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 691 MALTA CT. N.E.
CITY-ST-ZIP ST. PETERSBURG, FL 33703

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

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

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 #

Charles L. Kott CHARLES L. KOTT 3-9-05 (127) 802-0222