

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000001924

1. Entity Name

DALAN & KATZ, P.L.



Principal Place of Business

2633 MCCORMICK DRIVE, SUITE 101
CLEARWATER FL 33759

Mailing Address

2633 MCCORMICK DRIVE, SUITE 101
CLEARWATER FL 33759

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

59-3533660

Applied For

Not Applicable

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

DALAN, RICK
2633 MCCORMICK DRIVE, SUITE 101
CLEARWATER FL 33759

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

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	DALAN, RICK	
STREET ADDRESS	2633 MCCORMICK DRIVE, SUITE 101	
CITY - ST - ZIP	CLEARWATER FL 33759	
TITLE	MGRM	☐ Delete
NAME	KATZ, JEFFREY M	
STREET ADDRESS	2633 MCCORMICK DRIVE, SUITE 101	
CITY - ST - ZIP	CLEARWATER FL 33759	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

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

U000000035450
02/06/04-80018-020 50.00

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 #