

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) -

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90186 042 ****50.00

DOCUMENT # L98000002567

1. Entity Name

BALEST, L.C.



Principal Place of Business

**1202 GARY AVE.
ELLENTON FL 34222**

Mailing Address

**1202 GARY AVE.
ELLENTON FL 34222**

24008959



MOORE

CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1101 Gary Ave

City & State

City & State

Ellenton, FL

4. FEI Number

65-0881316

Applied For

Not Applicable

Zip

Country

Zip

Country

34222

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

**ELLIOTT, ARTHUR L
1202 GARY AVE.
ELLENTON FL 34222**

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

Arthur Elliott

Arthur Elliott

2/2/04

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 **MGR** ☐ Delete
NAME **ELLIOTT, ARTHUR**
STREET ADDRESS **2111 ZIPPERER RD.**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **MGR** ☐ Delete
NAME **SEYBOLD, ROBERT F JR**
STREET ADDRESS **2417 CRESCENT COURT EAST**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Arthur Elliott

Arthur Elliott

2/2/04

941-721-3646

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

Date

Daytime Phone #