

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002732

1. Entity Name
PLASTOW ENTERPRISES, L.C.



Principal Place of Business
16137 CRAIGEND PLACE
ODESSA, FL 33556

Mailing Address
16137 CRAIGEND PLACE
ODESSA, FL 33556



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1920328

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLASTOW, DOUGLAS E
16137 CRAIGEND PLACE
ODESSA, FL 33556

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

U00000322187
04/22/05-80004-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEWLETT, JOHN B
STREET ADDRESS	2919 GRANITE HOLLOW STREET
CITY - ST - ZIP	SANDY, UT 84092
TITLE	MGRM
NAME	LIGNELL, MILES E
STREET ADDRESS	2919 GRANITE HOLLOW STREET
CITY - ST - ZIP	SANDY, UT 84092
TITLE	MGRM
NAME	PUTTERS & STRUTTERS, INC.
STREET ADDRESS	16137 CRAIGEND PLACE
CITY - ST - ZIP	ODESSA, FL 33556
TITLE	MGRM
NAME	PLASTOW FAMILY LIMITED PARTNERSHIP
STREET ADDRESS	16137 CRAIGEND PLACE
CITY - ST - ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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:

Douglas E Plastow

4-26-05

727-349-9530

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

Date

Daytime Phone #