

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90019 002 ****50.00

DOCUMENT # L98000003351

1. Entity Name
201 ECS ASSOCIATES, LLC



Principal Place of Business
201 E. CENTER ST.
TARPON SPRINGS, FL 34689

Mailing Address
201 E. CENTER ST.
TARPON SPRINGS, FL 34689

24052293



2. Principal Place of Business
202 East Center Street
Suite, Apt. #, etc.
Suite A

3. Mailing Address
202 East Center Street
Suite, Apt. #, etc.
Suite A

04192004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-3556494

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

KOKOLAKIS, JOSEPH J
201 E. CENTER STREET
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

Name

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

202 East Center Street, Suite A

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME KOKOLAKIS, JOHN ☐ Delete
STREET ADDRESS 103 BUENA VISTA DR.
CITY - ST - ZIP DUNEDIN, FL 34698

TITLE MGRM
NAME KOKOLAKIS, PAGONA ☐ Delete
STREET ADDRESS 103 BUENA VISTA DR.
CITY - ST - ZIP DUNEDIN, FL 34698

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

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

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

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TITLE
NAME ☐ Change ☐ Addition
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

JOHN KOKOLAKIS

4/19/04

727 942-2211

Date

Daytime Phone #