

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000962

1. Entity Name
LOCKWOOD SEVENTY, LLC



Principal Place of Business

**27 FLETCHER AVENUE
SARASOTA, FL 34237**

Mailing Address

**27 FLETCHER AVENUE
SARASOTA, FL 34237**

DO NOT WRITE IN THIS SPACE



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0979975

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FINKELSTEIN, DAVID ESQ CPA
27 FLETCHER AVENUE
SARASOTA, FL 34237**

**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 rechartering)

DATE

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

000000134345

04/28/04-80016-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINKELSTEIN, DAVID 27 FLETCHER AVENUE SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAPIRO, DAVID 5212 SIESTA COVE DRIVE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TUDIN, RONNI 5123 TIMBER CHASE WAY SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:

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

David Finkelstein
David Finkelstein

4/21/04

Date

241-952-9999

Daytime Phone #