

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90104 005 \*\*\*\*50.00

**DOCUMENT # L99000001661**

1. Entity Name

REGINA-MEADE, L.L.C.



Principal Place of Business

244 11TH AVE. SO.  
NAPLES FL 34102

Mailing Address

C/O MARY MCCARTHY  
34 HAMMOND HILL LANE  
CHATHAM MA 02633

2. Principal Place of Business

3. Mailing Address

244 11th Ave. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL

Zip

Country

Zip

Country

34102

USA

4. FEI Number

59-3568237

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

CRONIN, DENNIS P ESQ.  
C/O BOND, SCHOENECK & KING, P.A.  
4001 TAMiami TRAIL NORTH, SUITE 404  
NAPLES FL 34103

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MCCARTHY, BRUCE  
34 HAMMOND HILL LANE  
CHATHAM MA 02633 ☐ Delete

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

TITLE  
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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:** *Mary R. McCarthy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2/5/04 (239)434-2036*  
Date Daytime Phone #