

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # L99000001871

**1. Entity Name
PUMPKIN, LLC**



**Principal Place of Business
709 HAWKS RIDGE ROAD
PORT ORANGE, FL 32127**

**Mailing Address
709 HAWKS RIDGE ROAD
PORT ORANGE, FL 32127**



03162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3569596**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**LARSON, ERIC
709 HAWKS RIDGE ROAD
PORT ORANGE, FL 32127**

**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, 2004**

UD00000095946
03/25/04-80010-001 55.00

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LARSON, ERIC
709 HAWKS RIDGE ROAD
PORT ORANGE, FL 32127**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LARSON, BARBARA A
709 HAWKS RIDGE ROAD
PORT ORANGE, FL 32127**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
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: *Barbara A. Larson* m. member

3-22-04 386-756-4728

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

Date

Daytime Phone #