

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000002798

1. Entity Name
FIREHOUSE WEST LITTLE ROCK, L.C.



Principal Place of Business
3410 KORI ROAD
JACKSONVILLE, FL 32257

Mailing Address
3410 KORI ROAD
JACKSONVILLE, FL 32257

FILED

May 05, 2004 08:00 AM
Secretary of State

FRG
1277
SA

ENTERED



04212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3577367

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SORENSEN, CHRIS
3410 KORI ROAD
JACKSONVILLE, FL 32257

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)

05/05/04 08:00 011 50.00
A.H.

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

05/05/04 08:00 011 50.00
A.A.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JOOST, STEPHEN 3410 KORI RD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SORENSEN, ROBIN 3410 KORI RD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SORENSEN, CHRIS 3410 KORI RD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/05/04 08:00 011 50.00

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)(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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/04