

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002924 1. Entity Name PHIL MADARY, L.L.C.	
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Principal Place of Business 423 SOUTH KELLER ROAD, #201 ORLANDO, FL 32810	Mailing Address 423 SOUTH KELLER ROAD, #201 ORLANDO, FL 32810
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3591173

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEFKOWITZ, HOWARD B ESQ
423 SOUTH KELLER ROAD, #201
ORLANDO, FL 32810**

**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 resigning).

DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEFKOWITZ, HOWARD 423 SOUTH KELLER ROAD, #201 ORLANDO, FL 32810
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IN THIS SPACE**

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04/30/04-80131-008 50.00

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 #

4/6/04

407-667-8989