

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90191 026 ****50.00

DOCUMENT # L99000003011

1. Entity Name

EDFRA, LLC



Principal Place of Business

609 NORTHLAKE BLVD.,
NORTH PALM BEACH FL 33408

Mailing Address

246 CANTERBURY CIRCLE
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0923737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAIDER, FRANK J JR
246 CANTERBERRY CIRCLE
PALM BEACH GARDENS FL 33418

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 MGRM ☐ Delete
NAME BRAIDER, FRANK J JR
STREET ADDRESS ~~246 CANTERBERRY CIRCLE~~
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE MGRM ☒ Change ☐ Addition
NAME BRAIDER, FRANK J, JR
STREET ADDRESS 601 MASTERS WAY
CITY-ST-ZIP P.B.G., FL. 33418

TITLE MGRM ☐ Delete
NAME BRAIDER, EDNA M
STREET ADDRESS ~~246 CANTERBERRY CIRCLE~~
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE MGRM ☒ Change ☐ Addition
NAME BRAIDER, EDNA M
STREET ADDRESS 601 MASTERS WAY
CITY-ST-ZIP P.B.G., FL. 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Edna M. Braider

2/3/04

561-775-0487

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

Date

Daytime Phone #