

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90001 026 ****50.00

DOCUMENT # L99000005525

1. Entity Name
ODYSSEY ALLIANCE, LLC



Principal Place of Business
**4104 20TH STREET WEST
BRADENTON, FL 34205**

Mailing Address
**4104 20TH STREET WEST
BRADENTON, FL 34205**



04032004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0944718

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WIEAND, ADAM
3600 LAKE BAYSHORE DR APT 501
BRADENTON, FL 34205**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PMGR WIEAND, ADAM 4104 20TH STREET WEST BRADENTON, FL 34205
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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: ✓ *Adam Wieand*

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

✓ *8/11/04*

Date

Daytime Phone #