

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90272 028 ****50.00

DOCUMENT # L99000007061

1. Entity Name

KOBO FLORIDA INVESTMENTS, LLC



Principal Place of Business

4201 JESSIE HARBOR DRIVE
OSPNEY FL 34229

Mailing Address

4201 JESSIE HARBOR DRIVE
OSPNEY FL 34229

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

65-0957816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEA JR, JOHN
630 S. ORANGE AVE., 3RD FL
SARASOTA FL 34236

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 KORSCH, FRIEDRICH A
STREET ADDRESS 4201 JESSIE HARBOR DRIVE
CITY-ST-ZIP OSPNEY FL 34229

TITLE ☒ Change ☐ Addition
NAME 5119 Jungle Plum Rd
STREET ADDRESS SARASOTA FL. 34242
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME KORSCH, HEIDI
STREET ADDRESS 4201 JESSIE HARBOR DRIVE
CITY-ST-ZIP OSPNEY FL 34229

TITLE ☒ Change ☐ Addition
NAME 5119 Jungle Plum Rd
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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:

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

Date

Daytime Phone #

Member 3-15-04

941
812-6921