

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90416 002 ****50.00

DOCUMENT # L99000007188

1. Entity Name
BOCA GRANDE HOMEWATCH SERVICES LLC



Principal Place of Business
**321 PARK AVENUE
BOCA GRANDE, FL 33921**

Mailing Address
**P.O. BOX 2422
BOCA GRANDE, FL 33921**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102004

Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0957776

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

**WHIGHAM, DAVID L
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948**

Name **David L. Whigham**

Street Address (P.O. Box Number is Not Acceptable)

ONE TAMPA City Center, Suite 2600

P.O. Box 380 (33601)

City **Tampa**

FL

Zip Code
33602

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.

DAVID L. Whigham

4.13.04

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SEIDENSTICKER, PATRICIA
P.O. BOX 2422
BOCA GRANDE, FL 33921** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Seidensticker, Patricia
P.O. Box 2413
Boca Grande, FL 33921** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Patricia Seidensticker

Date

3.10.04

Daytime Phone #

(941) 964-1527