

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-16-2004 90171 025 ****50.00

DOCUMENT # L99000008584

1. Entity Name

SOUND DEVELOPMENT, L.C.



Principal Place of Business

PO BOX 1820
PHENIX CITY H AL 36868

Mailing Address

PO BOX 1820
PHENIX CITY H AL 36868

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

63-1238794

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

PEAK, FRED
PINNACLE PORT UNIT A136 WEST HIGHWAY 98
PANAMA CITY BEACH FL 32407

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 MEM ☐ Delete
NAME COPELAN, GEORGE D
STREET ADDRESS PO BOX 1820
CITY-ST-ZIP PHENIX CITY AL 36868

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

TITLE MGRM ☐ Delete
NAME PEAK, FRED D
STREET ADDRESS 908 BROAD STREET
CITY-ST-ZIP PHENIX CITY AL 36868

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

TITLE MEM ☐ Delete
NAME CHRISTIAN, CHRIS
STREET ADDRESS 908 BROAD STREET
CITY-ST-ZIP PHENIX CITY AL 36868

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

TITLE MGRM ☐ Delete
NAME FUNDERBURKE, KENNETH
STREET ADDRESS 908 BROAD STREET
CITY-ST-ZIP PHENIX CITY AL 36868

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

TITLE TRR ☐ Delete
NAME Ken Kittrell
STREET ADDRESS P.O. Box 940
CITY-ST-ZIP Smiths, AL 36877

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #