

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008824

1. Entity Name

HOPEWELL ENTERPRISES, LLC



Principal Place of Business

2905 SATSUMA DRIVE
SARASOTA FL 34239

Mailing Address

2905 SATSUMA DRIVE
SARASOTA FL 34239

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

65-0967337

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOPEWELL, JOSEPH E
2905 SATSUMA DRIVE
SARASOTA FL 34239

7. Name and Address of New Registered Agent

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

TITLE MGR ☐ Delete
NAME HOPEWELL, JOSEPH E
STREET ADDRESS 2905 SATSUMA DRIVE
CITY-ST-ZIP SARASOTA FL 34239

TITLE MGR ☐ Delete
NAME LACEY, MARIAN H
STREET ADDRESS RD #1
CITY-ST-ZIP ROME PA 18837

TITLE MGR ☐ Delete
NAME HOPEWELL, KATHLEEN L
STREET ADDRESS 232 MAGEE ROAD
CITY-ST-ZIP MILLVILLE PA 17846

TITLE MGR ☐ Delete
NAME KELSEY, GLORIA J
STREET ADDRESS 3941 PRAIRIE DUNES DR.
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000030458
CITY-ST-ZIP 02/04/04-80110-004 50.00

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Joseph E. Hopewell

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

Date

Daytime Phone #

1-27-04 941-957-1464