

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000001508

1. Entity Name

MARCH/HODGE/THIGPEN DAYTONA, LLC



Principal Place of Business

320-326 NORTH BEACH ST.
DAYTONA BEACH, FL 32114

Mailing Address

354 N. BEACH STREET
DAYTONA BEACH, FL 32114 US



03192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2560677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

U000000094578
03/23/04-80002-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HODGE, ERNEST
STREET ADDRESS	7134 JONESBORO RD.
CITY- ST- ZIP	MORROW, GA 30260
TITLE	MGR
NAME	MARCH, ANTHONY
STREET ADDRESS	77 LEIBERT RD.
CITY- ST- ZIP	HARTFORD, CT 06120
TITLE	VP
NAME	THIGPEN, ROBERT
STREET ADDRESS	354 N. BEACH STREET
CITY- ST- ZIP	DAYTONA BEACH, FL 32114
TITLE	ST
NAME	MCKNIGHT, EDIE C
STREET ADDRESS	354 N. BEACH STREET
CITY- ST- ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/19/04