

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000002616

1. Entity Name
POPLAR ASSOCIATES, LLC



Principal Place of Business

**4517 RANDOLPH RD.
CHARLOTTE, NC 28211**

Mailing Address

**4517 RANDOLPH RD.
CHARLOTTE, NC 28211**



01052004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2054687

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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**

03/26/04-80033-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUSKI, ABRAHAM 2509 GIVERNY DR. CHARLOTTE, NC 26226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUSKI, ISAAC 3239 FOXCROFT RD. CHARLOTTE, NC 28211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORELICK, SHELTON 6060 JA JONES DR., STE. 516 CHARLOTTE, NC 28287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORELICK, WILLIAM 4425 RANDOLPH RD., STE. 204 CHARLOTTE, NC 28211

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #