

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000004080**

1. Entity Name  
**SCHMITT HOLDINGS, L.L.C.**



Principal Place of Business

**4106 FERBER RD  
JACKSONVILLE, FL 32277**

Mailing Address

**4106 FERBER RD  
JACKSONVILLE, FL 32277**



03122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FE# Number

**20-0423720**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHMITT, MARY D  
4106 FERBER RD  
JACKSONVILLE, FL 32277**

**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 Mary D. Schmitt  
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/04  
DATE

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

U000000132924  
04/27/04-80067-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHMITT, MARY
STREET ADDRESS	4106 FERBER RD
CITY - ST - ZIP	JACKSONVILLE, FL 32277
TITLE	MGRM
NAME	SCHMITT, TERRY
STREET ADDRESS	4106 FERBER RD
CITY - ST - ZIP	JACKSONVILLE, FL 32277
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(b), 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: Mary D. Schmitt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/04 904 743 8297  
Date Daytime Phone #