

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90070 032 \*\*\*\*50.00

**DOCUMENT # M96000000235**

1. Entity Name  
**INTERNATIONAL RESOLUTIONS L.L.C.**



Principal Place of Business  
**7901 4TH STREET NORTH, SUITE 203  
ST. PETERSBURG, FL 33702**

Mailing Address  
**7901 4TH STREET NORTH, SUITE 203  
ST. PETERSBURG, FL 33702**

**24057563**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

**59-3381104**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BALKAN, THOMAS J  
7901 4TH STREET NORTH, SUITE 203  
ST. PETERSBURG, FL 33702**

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 re-registering)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WALL, KARL J  
7901 4TH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33702** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Richard M. Newton  
7901 4th Street North Suite 200  
St Petersburg, FL 33702** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCNALLY, JOSEPH W  
7901 4TH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33702** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Richard C. Ryan  
7901 4th Street North Suite 200  
St Petersburg, FL 33702** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
READ, WAYNE A JR.  
7901 4TH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33702** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
REINKING, LINDA L  
7901 4TH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33702** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BALKAN, THOMAS J  
7901 4TH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33702** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HOLLAND, EDWARD J  
7901 4TH STREET NORTH, SUITE 200  
ST. PETERSBURG, FL 33702** ☐ Delete

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

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:**

*Richard C. Ryan* Controller

04/23/04

727-577-3721

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

Date

Daytime Phone #