

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2004 90071 002 \*\*\*\*50.00

**DOCUMENT # M98000000165**

1. Entity Name  
**AGORA DEVELOPMENTS, LLC**



Principal Place of Business  
**7400 BAYMEADOWS WAY #107  
JACKSONVILLE, FL 32256**

Mailing Address  
**7400 BAYMEADOWS WAY #107  
JACKSONVILLE, FL 32256**

2. Principal Place of Business  
**865 May Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**865 May Street**  
Suite, Apt. #, etc.



04232004 Chg-LLC CR2E083 (10/03)

City & State  
**Jacksonville FL**  
Zip  
**32204** Country  
**USA**

City & State  
**Jacksonville FL**  
Zip  
**322** Country

4. FEI Number  
**58-2399598** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SULZBACHER, WILLIAM M  
7400 BAYMEADOWS WAY, #107  
JACKSONVILLE, FL 32256**

**7. Name and Address of New Registered Agent**

Name  
**Sulzbacher, William M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**865 May Street**  
City **Jacksonville** **FL** Zip Code **32204**

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 *William M. Sulzbacher*  
Signature, typed or printed name of registered agent and title if applicable.

**William M. Sulzbacher**  
(NOTE: Registered Agent signature required when reinstating)

**4-23-04**  
DATE

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

Make check payable to  
Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULZBACHER, WILLIAM M 7400 BAYMEADOWS WAY #107 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sulzbacher, William M. 865 May Street Jacksonville FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William M. Sulzbacher* **William M. Sulzbacher** **4-23-04** **904-634-1500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #