

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90213 016 ****50.00

DOCUMENT # M98000000649

1. Entity Name
LAUDERDALE-STAPLES, L.L.C.



Principal Place of Business
**2440 SE FEDERAL HWY, SUITE 600
STUART, FL 34994**

Mailing Address
**P.O. BOX 359
STUART, FL 34995**

24028562



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0845251

Applied For
Not Applicable

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

**SHARFF, BURTON G
2315 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406**

Name **Char O'Donnell, Administrator**

Street Address (P.O. Box Number is Not Acceptable)
2440 SE Federal Hwy, Suite 600

City **Stuart** **FL** Zip Code **34994**

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 **Char O'Donnell**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/9/04
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 **MGR** ☐ Delete
NAME **GARRIS, STANLEY R**
STREET ADDRESS **2440 SE FEDERAL HIGHWAY, SUITE 600**
CITY-ST-ZIP **STUART, FL 34994**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE: **Stanley R. Garriss** **3/9/04** **772-287-1844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #