

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90296 037 ****50.00

DOCUMENT # M98000000753

1. Entity Name

MIDDLESEX LLC



Principal Place of Business

1335 THOMAS AVENUE
LEESBURG FL 34748-3223

Mailing Address

C/O THE MIDDLESEX COMPANIES
ONE SPECTACLE POND RD.
LITTLETON MA 01460-1110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3520401

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MEM ☐ Delete
NAME THE MIDDLESEX CORPORATION
STREET ADDRESS ONE SPECTACLE POND ROAD
CITY-ST-ZIP LITTLETON MA 01460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME Pereira, Robert W.
STREET ADDRESS 425 Beach Road
CITY-ST-ZIP Tequesta FL 33469

TITLE P, MGR ☐ Change ☒ Addition
NAME APONAS, Alfred S.
STREET ADDRESS 18-A South Shaker Rd.
CITY-ST-ZIP Harvard MA 01451

TITLE VS, MGR ☐ Change ☒ Addition
NAME mabardy, Robert L.
STREET ADDRESS 10 Pearl Street
CITY-ST-ZIP Lexington MA 02173

TITLE VTAS, MGR ☐ Change ☒ Addition
NAME Jacobson, Robert N.
STREET ADDRESS 99 Cranberry Circle
CITY-ST-ZIP Sudbury MA 01776

TITLE VAS, MGR ☐ Change ☒ Addition
NAME mancuso, michael J. Jr.
STREET ADDRESS 1102 Linmar Avenue
CITY-ST-ZIP Fruitland Park FL 34731

TITLE ☐ Change ☐ Addition
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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

24018008