

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
May 10, 2007 8:00 am
Secretary of State

04-13-2007 90038 046 ****50.00

DOCUMENT # L06000035700



1. Entity Name
FINCH MASONRY LLC.

Principal Place of Business
**928 CR 485
LAKE PANASOFFKEE, FL 33538 US**

Mailing Address
**928 CR 485
LAKE PANASOFFKEE, FL 33538 US**

30007331



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number

06-1774032

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Fee Required

\$5.00 Additional

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINCH, CLAY M
928 CR 485
LAKE PANASOFFKEE, FL 33538**

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 reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Clay M. Finch
928 CR 485
Lake Panasoffkee, FL 33538**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Handwritten Signature]

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

4/6/07 (352) 793-4641

Date

Daytime Phone #