

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90101 045 \*\*\*143.75

**DOCUMENT # L04000034330**

1. Entity Name

**JAMES TALKIE CUSTOM HOMES & RENOVATIONS, LLC**



Principal Place of Business

**611 TREMONT STREET  
SARASOTA FL 34242**

Mailing Address

**611 TREMONT STREET  
SARASOTA FL 34242**

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

**841 SIESTA KEY CIRCLE**

3. Mailing Address

**841 SIESTA KEY CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA, FLORIDA**

City & State

**SARASOTA, FLORIDA**

Zip

**34242**

Country

**SARASOTA**

Zip

**34242**

Country

**SARASOTA**

4. FEI Number

**20-1088467**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TALKIE, JAMES L  
611 TREMONT STREET  
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name

**TALKIE, JAMES L.**

Street Address (P.O. Box Number is Not Acceptable)

**841 SIESTA KEY CIRCLE**

City

**SARASOTA**

**FL**

Zip Code

**34242**

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 \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **TALKIE, JAMES L**  
STREET ADDRESS **611 TREMONT STREET**  
CITY-ST-ZIP **SARASOTA FL 34242**

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 **TALKIE, JAMES L.**  
STREET ADDRESS **841 SIESTA KEY CIRCLE**  
CITY-ST-ZIP **SARASOTA, FLORIDA 34242**

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

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

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

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 exemptions contained in Section 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**

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

Date

Daytime Phone #