## فسسسن

### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # L04000031742**

1. Entity Name

AKINS CONST. CO. LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Place of Business

171 RANCH ROAD QUINCY, FL 32351 Mailing Address

171 RANCH ROAD QUINCY, FL 32351

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04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 03-0563103 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JETTON, DEWEY J SR 102 N ADAMS ST QUINCY, FL 32351

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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.

NAME STREET ADDRESS CITY-ST-ZIP

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

U00000930330 \_05/21/08<u>=80105=008\_138</u>.

MANAGING MEMBERS/MANAGERS 9. TITLE MGR AKINS, EDDIE L NAME 171 RANCH ROAD STREET ADDRESS CITY ST-ZIP QUINCY FL 32351 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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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: Lo Collie Lo Kun

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

4/23/08 850-875-1945

Daylime Phone #