

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000085720

1. Entity Name
A TORRES CONSTRUCTION LLC



FILED

08 APR 21 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
152 WOODBERRY RD
QUINCY, FL 32351

Mailing Address
152 WOODBERRY RD
QUINCY, FL 32351

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

3. Mailing Address

Suite, Apt. #, etc.

18416 Hwy Ga 3

Suite, Apt. #, etc.

18416 Hwy Ga 3

City & State

Thomasville Ga

City & State

Thomasville Ga

Zip

31792

Country

USA

Zip

31792

Country

USA

04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
11-3742932

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALL FLORIDA FIRM, INC.
465 S. VOLUSIA AVE.
SUITE C
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
TORRES, ALBERTO
152 WOODBERRY RD
QUINCY, FL 32351

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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300124904023
04/22/08--01002--016 **138.75

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☐ 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: Alberto Torres

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

Date

Daytime Phone #