## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087349

Entity Name: BARBER KLEIN CONTRACTORS, LLC

**Current Principal Place of Business:** 

7254 GOLDEN WINGS ROAD SUITE 9

JACKSONVILLE, FL 32244

## **Current Mailing Address:**

7254 GOLDEN WINGS ROAD SUITE 9 JACKSONVILLE, FL 32244 US

FEI Number: 20-1968652 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KLEIN, DEBRA 7254 GOLDEN WINGS ROAD SUITE 9 JACKSONVILLE, FL 32244 US

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.

SIGNATURE: DEBRA KLEIN 02/06/2025

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MANAGER** Title MGR

Name KLEIN, DEBRA Name BARBER, ROBERT EDWARD 7254 GOLDEN WINGS ROAD Address 7254 GOLDEN WINGS RD., STE 9 Address

SUITE 9

JACKSONVILLE FL 32244 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32244

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGING MEMBER 02/06/2025 SIGNATURE: DEBRA KLEIN

**FILED** Feb 06, 2025

**Secretary of State** 

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