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.

SIGNATURE: PAUL ASHLEY

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip:

Electronic Signature of Registered Agent

Current Mailing Address:

469 19TH STREET NORTH JACKSONVILLE BEACH. FL 32250

FEI Number: 20-3467892

Name and Address of Current Registered Agent:

ASHLEY, PAUL 469 19TH STREET NORTH JACKSONVILLE BEACH, FL 32250 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:

Title

Name

Authorized Person(s) Detail : Title VP PRES ASHLEY, PAUL Name ASHLEY, JENNIFER Address 469 19TH STREET NORTH Address 469 19TH STREET NORTH City-State-Zip: JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075626

Entity Name: PAUL ASHLEY CONSTRUCTION LLC

Current Principal Place of Business:

469 19TH STREET NORTH JACKSONVILLE BEACH, FL 32250

Certificate of Status Desired: No

04/20/2015

FILED Apr 20, 2015 Secretary of State CC2094603729

Date

Date

PRESIDENT