

**2024 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

**Current Mailing Address:**

469 19TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 20-3467892

**Certificate of Status Desired:** No

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            PRES  
Name            ASHLEY, PAUL  
Address        469 19TH STREET NORTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            VP  
Name            ASHLEY, JENNIFER  
Address        469 19TH STREET NORTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            MANAGER  
Name            ASHLEY, SEAN  
Address        469 19TH STREET NORTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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

**PRESIDENT**

**03/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date