

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000015325**

1. Entity Name  
**KEY CONTRACTORS, LLC**



Principal Place of Business  
**636 W. LAKE DR.  
SARASOTA, FL 34232**

Mailing Address  
**636 W. LAKE DR.  
SARASOTA, FL 34232**



07012004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3689571**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ALDERMAN, JULIE  
636 W. LAKE DR.  
SARASOTA, FL 34232**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

|                |                    |
|----------------|--------------------|
| TITLE          | MGR                |
| NAME           | ALDERMAN, JULIE A  |
| STREET ADDRESS | 636 W. LAKE DRIVE  |
| CITY- ST- ZIP  | SARASOTA, FL 34232 |
| TITLE          | MGR                |
| NAME           | NERSINGER, JACK E  |
| STREET ADDRESS | 636 W. LAKE DRIVE  |
| CITY- ST- ZIP  | SARASOTA, FL 34232 |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY- ST- ZIP  |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY- ST- ZIP  |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY- ST- ZIP  |                    |

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07/07/04-80023-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

Date

Daytime Phone #