

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90057 042 *****50.00

DOCUMENT # L01000007637

1. Entity Name

SOUTHBEACH GENERAL CONTRACTORS, LLC



Principal Place of Business

Mailing Address

806 EAST THIRD AVENUE
NEW SMYRNA BEACH FL 32169

806 EAST THIRD AVENUE
NEW SMYRNA BEACH FL 32169



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number
59-3729843

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAIG, JOHN S
6034 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

Name

Street Address (P.O. Box Number is Not Acceptable)

806 EAST THIRD AVENUE

City

NEW SMYRNA BEACH

FL

Zip Code

32169

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CRAIG, JOHN S
7050 TURLMOUND RD
NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
806 EAST THIRD AVENUE
NEW SMYRNA BEACH, FL 32169 ☒ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

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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 Section 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:

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

JOHN S. CRAIG

1/19/07

386-689-5777

Date

Daytime Phone #