

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90098 011 ****55.00

DOCUMENT # L01000019213

1. Entity Name

L & L CONSTRUCTION, LLC



Principal Place of Business

RT 17 BOX 938
LAKE CITY FL 32055

Mailing Address

RT 17 BOX 938
LAKE CITY FL 32055

2. Principal Place of Business

524 NW CABE CT.

Suite, Apt. #, etc.

3. Mailing Address

524 NW CABE CT.

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

Zip

32055

Country

USA

Zip

32055

Country

USA

4. FEI Number

59-3749492

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAPP, LEVY D
RT 17 BOX 938
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

SAPP, LEVY D.

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

524 NW CABE CT.

City

LAKE CITY

FL

Zip Code

32055

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

Levy D. Sapp

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, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **SAPP, LEVY D**
STREET ADDRESS **RT 17 BOX 938**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **MGRM** ☐ Delete
NAME **SAPP, LAULAAU**
STREET ADDRESS **RT 17 BOX 938**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Levy D. Sapp

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

2-19-04 (386) 754-5882

Date

Daytime Phone #