1 of 3

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 15 PM 3:42

DOCUMENT # L01000021989

1. Entity Name

RATLIFF Construction L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6180 Babcock ST.	280 GRANT RD.
Suite, Apt. #, etc. C45	Suite, Apt. #, etc.
City & State Palm Bay, FL	City & State PALM BAY, FL.
Zip 32909 Country Brevard	Zip 32909 Country Brevard

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-235279-5 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name William A. RATLIFF

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

280 GRANT RD

City Palm Bay FL Zip Code 32909

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.

SIGNATURE William A. RATLIFF 4-4-02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

400005480574--8
-05/07/02--01024--001
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGER
NAME	William A. RATLIFF
STREET ADDRESS	280 GRANT RD.
CITY-ST-ZIP	PALM BAY, FL. 32909
TITLE	MANAGER
NAME	Mary M. RATLIFF
STREET ADDRESS	280 GRANT RD.
CITY-ST-ZIP	PALM BAY, FL. 32909
TITLE	MANAGER
NAME	Peter C. Weber JR.
STREET ADDRESS	1245 Palm Bay Rd.
CITY-ST-ZIP	Palm Bay, FL. 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: William A Ratliff 4-4-02 (321) 543-3873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #