## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #L01000021989

1. Entity Name

## RATLIFF CONSTRUCTION LLC



FILED Sep 17, 2003 8:00 am Secretary of State 09-17-2003 90011 011 \*\*\*\*50.00

2. Principal Place of Business  Sutin, Apt. #, etc.  Sutin, Apt. #, etc.  Sutin, Apt. #, etc.  City & State  City & State  City & State  City & State  4. FEI Number 52-2352735  Applied 7. Name and Address of Country  5. Conflictuo of Status Desired  Sutin, Apt. #, etc.  Sutin, Apt. #, etc.  City & State  4. FEI Number 52-2352735  Applied 7. Name and Address of Country  5. Conflictuo of Status Desired  Superior of Suture Desired  Superior of Status Desired  Superior of Suture Desired  Superior of Suture Desired of Suture Desired  Superior of Suture Desired of Suture Desired of Suture Desired  Superior of Suture Desired Office or regulated agent or Dolfi, in the State of Florica. I am familiar with, and so the ecologications of regulated defined or regulated agent or Dolfi, in the State of Florica. I am familiar with, and so the ecologications of regulated defined or regulated agent or Dolfi, in the State of Florica. I am familiar with, and so the ecologications of regulated agent or Books of Total Suture Desired Office or regulated agent or Books of Total Suture Desired Office or regulated agent or Books of Total Suture Desired Office Office or regulated agent or Books of Total Suture Desired Office Off	Principal Plac	Mailing Address	iling Address							
2. Principal Place of Business  Suite, Apt. #, etc.   Suite, Apt. #, etc.   Check HERE IF MAKING CHANGES  Suite, Apt. #, etc.   Check HERE IF MAKING CHANGES  Local Suite, Apt. #, etc.   Check Here If Making Making Here If Making Her	⊭C45			=						
Suite. Apt. #, etc.   Suite. Apt. #, etc.   Check HERE IF MAKING CHANGES  City & State   City & State   A. FEI Number \$2-2352795   Applied FC  Zip   Country   Zip   Country   Zip   S. Certificate of Status Desired   \$3.00 Additional Foo Required  8. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    RATLEF, WILLIAM A 280 GRANT RD   Street Address (P.O. Box Number is Not Acceptable)  FLE   Zip Code    8. The above named entity sobmist his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and acceptable of Incident agent, or both, in the State of Florica. I am familiar with, and acceptable of Incident agent, or both, in the State of Florica. I am familiar with, and acceptable or Grand Department of State Due By September 24, 2003  9.	ALM DAIRES	12909						<b>                                   </b>		
City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  Country  S. Certification of Status Desired  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code	2. Principal F	Place of Business	3. Mailing Address							
Zip Country Zip Country S. Corrilloato of Status Desired S. 50. Additional For Frequited  6. Name and Address of Curront Registered Agent 7. Name and Address of New Registered Agent For Frequited  RATLIFF, WILLIAM A 280 GRANT RD PALM-BAY FL 32909  City FL Zip Code  Sitreat Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent  RATLIFF, WILLIAM A 280 GRANT RD PALM-BAY FL 32909  8. The above named entity submits this statement for the purpose of changing its registered digent, the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered digent, and accident the obligations of registered agent.  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 accident the obligations of registered agent.  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 accident the obligations of registered agent.  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 accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida.  9.	City & Stat	e	City & State	-	4. FEI Nun	<sup>mber</sup> <b>52-2352795</b>		Applied For		
RATLIFF, WILLIAM A 280 GRANT RD PALM-BAY FL 32909  City FL Zip Code  8. The above named entity sobmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florab. I am familiar with, and acc the obligations of registered agent.  SIGNATURE  MARK Check Payable to Florida Department of State Due By September 24, 2003  9. MANAGING MEMBERS / MANAGERS  ITILE MAKE RATLIFF, WILLIAM A SIREET ADDRESS CITY-ST-2P  MARK Check Payable to Florida Department of State Due By September 24, 2003  9. MANAGING MEMBERS / MANAGERS  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  11. ADDITIONS / CHANGES  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  11. ADDI	Zip Country		Zip	Zip Coun		5. Certifica	ate of Status Desired			
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B. The above named entity sobmits 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 acc the obligations of registered agent.    A. A. A. T. I. F. W.   A.	IALI	· ·								ł
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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.

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE