

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000003956

1. Entity Name
MS STRUCTURAL ENGINEERS, LLC



Principal Place of Business
400 SOUTH ATLANTIC AVE.
STE. 111, ALIKI PLAZA
ORMOND BEACH, FL 32176

Mailing Address
400 SOUTH ATLANTIC AVE.
STE. 111, ALIKI PLAZA
ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE



04262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
80-0009268

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMKO, JOHN
400 SOUTH ATLANTIC AVE.
STE. 111, ALIKI PLAZA
ORMOND BEACH, FL 32176

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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 relistening)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SIMKO, JOHN
400 SOUTH ATLANTIC AVE.
ORMOND BEACH, FL 32176

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U00000361016
05/05/05-80056-025 50.00

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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)(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:

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

Date

Daytime Phone #

John Simko **JOHN SIMKO** 4.30.05 386-672-1214