2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 05, 2007 08:00 AN Secretary of State

ANNUAL REPORT				rep 03, 2007 00.00			
DOCUMENT # L02000006141					2	ecreta	ry of Sta
1. Entity Name GLENN JENKINS GENERAL CONTRACTOR, LLC							
GLEININ 3	ENGINO GENERAL CONTIN						
Principal Plac	e of Business	Mailing Address	£.				
6614 ILEX C		6614 ILEX CIRCLE					
NAPLES, FL	34103	NAPLES, FL 34109					
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			CE	01232007 No C	hg-LLC	CR2E083 (11/05)
				4. FEI Number 75-303437	9		Applied For Not Applicable
				5. Certificate of St	atus Desired		O Additional
	6. Name and Address of Current	Registered Agent					7 No 1,
JENKINS, GLENN 6614 ILEX CIRCLE				DO N	OT WE	DITE	-=:=
NAPLES, FL 34109				IN TH	IIS SPA	ACE	
ı							
	named entity submits this statement for	the purpose of changing its registe	red office or register	ed agent, or both, in	the State of Flori	da. I am familia	ar with, and accept
tile obitgat	ions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Register	ed Agent signature required	i when reinstating)	-	DATE	·
Filing Fee is \$50.00 Due by May 1, 2007					UDDOOO	520816	
				0	2/09/07-{	30051-01	9 50.00
9.	MANAGING MEMBEI	RS/MANAGERS			TOTAL SERVICE SERVICES		EU HELP & FRANCE
TITLE	MGRM			•	To the second	* .	
NAME expect approve	JENKINS, GLENN						
STREET ADDRESS CITY-ST-ZIP	6614 ILEX CIRCLE NAPLES, FL 34109						
TITLE			•				
NAME							
STREET ADDRESS							
CITY-ST-ZIP			-				-
NAME							
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CITY-ST-ZIP			_	א טע	OT W	KIIE	
TITLE	· - -			IN TH	IIS SP	ACE	
NAME			1	*** * *		— —	
STREET ADDRESS CITY-ST-ZIP							
TITLE			1				
NAME							
STREET ADDRESS							

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2-3-07

239-250-174

Daytime Phone #