

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90031 012 ****50.00

DOCUMENT # L02000008043

1. Entity Name

L C CONSTRUCTION GROUP, L.L.C.



Principal Place of Business

**2501 GOOD HOMES ROAD
ORLANDO FL 32818
US**

Mailing Address

**1517 E HILLCREST STREET
ORLANDO FL 32803
US**

2. Principal Place of Business

**441 VALLEY VIEW DR
Suite, Apt. #, etc.**

3. Mailing Address

**PO BOX 770928
Suite, Apt. #, etc.**

City & State

WINTER GARDEN, FL

City & State

WINTER GARDEN, FL

Zip

34787

Country

USA

Zip

34787

Country

USA

4. FEI Number

01-0609183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SMALLEY & COMPANY, P.A.
1517 E HILLCREST STREET
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name
WARREN N. McMILLEN, JR
Street Address (P.O. Box Number is Not Acceptable)
**225. S. SWOOPES AVE
STE. 105
City
MAITLAND, FL Zip Code
32751-5780**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REEVES-BENTLEY, LESLIE C
2501 GOOD HOMES ROAD
ORLANDO FL 32818** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REEVES-BENTLEY, LESLIE C
441 VALLEY VIEW DR.
WINTER GARDEN, FL. 34787** ☒ Change ☐ Addition

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

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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:

LESLIE C. BENTLEY
SIGNATURE REQUIRED

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

Date

Daytime Phone #

4-15-03 407-456-1831

CR2E083 (10/02)