

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90025 016 ****50.00

DOCUMENT # L02000013992

1. Entity Name

ARMOUR TIGHT GUNITE, LLC



Principal Place of Business

3904 15 STREET EAST
BRADENTON FL 34208

Mailing Address

P.O. BOX 20574
SARASOTA FL 34276

40015927



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3904-15th Street E

3. Mailing Address

3904-15 St E

Suite, Apt. #, etc.

Bradenton, FL

Suite, Apt. #, etc.

Bradenton, FL

City & State

34208 Manatee

City & State

34208 Manatee

Zip

Country

Zip

Country

4. FEI Number

02-5686280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, JAMES
11325 M.J. ROAD
MYAKKA CITY FL 34251

7. Name and Address of New Registered Agent

Name

James E. Parker

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

11325-MJ. Road

City

myakka city

FL

Zip Code

34251

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

James E. Parker

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PARKER, JAMES
STREET ADDRESS 11325 M.J. ROAD
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE MGRM ☐ Delete
NAME MCLEOD, JAMES
STREET ADDRESS 11451 MJ RD
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

James E. Parker

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

Date

Daytime Phone #

2-22-05