

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90021 023 ****55.00

DOCUMENT # L02000023384

1. Entity Name
F & G CONSTRUCTION LLC



Principal Place of Business
25 FLEETWOOD DR
PALM COAST, FL 32137

Mailing Address
BOX 351222
PALM COAST, FL 32135

2. Principal Place of Business

3. Mailing Address
447 SE 22ND DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232004 Chg-LLC CR2E083 (10/03)

City & State

City & State
HOMESTEAD FL

4. FEI Number
32-0031247

Applied For
Not Applicable

Zip

Country

Zip
33033

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASDOW, MARY
447 SE 22 DR
HOMESTEAD, FL 33033

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Mary Gasdow (MARY GASDOW) DATE 1-23-2004

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME FONTANA CONSTRUCTION, INC
STREET ADDRESS 25 FLEETWOOD DR
CITY-ST-ZIP PALM COAST, FL 32137

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

TITLE MGRM ☐ Delete
NAME GASDOW, MARY
STREET ADDRESS 447 SE 22 DR
CITY-ST-ZIP HOMESTEAD, FL 33033

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

TITLE MGRM ☐ Delete
NAME GASDOW, STANLEY
STREET ADDRESS 447 SE 22 DR
CITY-ST-ZIP HOMESTEAD, FL 33033

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Mary Gasdow (MARY GASDOW) DATE 1-23-04 305-345-6058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE