

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90030 027 ****50.00

DOCUMENT # L02000024288

1. Entity Name

THEOBALD CONSTRUCTION COMMERCIAL GROUP, LLC



Principal Place of Business

2722 13TH STREET
ST. CLOUD FL 34769

Mailing Address

2722 13TH STREET
ST. CLOUD FL 34769



2. Principal Place of Business

113 E. 13th Street

3. Mailing Address

113 E. 13th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

St. Cloud FL

City & State

St. Cloud, FL

4. FEI Number

04-3723548

Applied For

Not Applicable

Zip

34769

Country

United States

Zip

34769

Country

United States

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALM & ASSOCIATES
1314 ILLINOIS AVE
SAINT CLOUD FL 34769

7. Name and Address of New Registered Agent

Name **Karl-Heinz Theobald**

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

113 E. 13th Street

City **St. Cloud**

FL

Zip Code

34769

9. 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 reissuing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to: Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SAMPSON, KENNETH
STREET ADDRESS 1422 HIDDEN OAKS BEND
CITY-ST-ZIP SAINT CLOUD FL 34771

TITLE MGRM ☐ Delete
NAME THEOBALD, KARL-HEINZ
STREET ADDRESS 1828 EDISON DR.
CITY-ST-ZIP SAINT CLOUD FL 34771

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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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 exemptions contained in Section 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:

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

Date

Daytime Phone #