

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90087 012 \*\*\*\*50.00

**DOCUMENT # L02000025077**

1. Entity Name

**COYLE CONSTRUCTION CO., LLC**



Principal Place of Business

**4551 KNOLLWOOD LANE  
NICEVILLE FL 32578**

Mailing Address

**4551 KNOLLWOOD LANE  
NICEVILLE FL 32578**

2. Principal Place of Business

**1305 W. Church Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**16104 Purple Aster**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Chipley, FL**

City & State

**Albuquerque, NM**

4. FEI Number

**591030164**

Applied For

☐ Not Applicable

Zip

**32428**

Country

**USA**

Zip

**87111**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COYLE, CHARITY ALFORD  
4551 KNOLLWOOD LANE  
NICEVILLE FL 32578**

Name

**Charity Coyle**

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

**1305 W. Church Ave**

**Chipley, FL**

City

**FL**

Zip Code

**32428**

7. Name and Address of New Registered Agent

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

**Charity Coyle**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**July 15, 2003**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **COYLE, CHARITY**  
STREET ADDRESS **4551 KNOLLWOOD LANE**  
CITY-ST-ZIP **NICEVILLE FL 32578**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: SIGNATURE REQUIRED**

**July 15 2003**

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

Date

Daytime Phone #

CP2E083 (4/03)