


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 JAN 14 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1883

DOCUMENT # L03000003047 1. Entity Name FLORIDA CONSTRUCTION SERVICES LLC					
Principal Place of Business 2503 DEL PRADO BLVD., SUITE 300 CAPE CORAL, FL 33904				Mailing Address 2503 DEL PRADO BLVD., SUITE 300 CAPE CORAL, FL 33904	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FINK & BOYLE 2030 MCGREGOR BLVD FORT MYERS, FL 33901				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERTH, KEVIN J		NAME	BERTH, KEVIN J	
STREET ADDRESS	1684 MCGREGOR RESERVE DRIVE		STREET ADDRESS	1684 MCGREGOR RESERVE DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	MGRM <input checked="" type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERMANN, FRED		NAME	FIRST HOME BUILDERS LLC	
STREET ADDRESS	2503 DEL PRADO BLVD., STE 300		STREET ADDRESS	2503 DEL PRADO BLVD., SUITE 300	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	<input type="checkbox"/> Delete		TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	ROBERT L CREWS	
STREET ADDRESS			STREET ADDRESS	140 DAVIS STREET	
CITY-ST-ZIP			CITY-ST-ZIP	LABELLE, FL 33975	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: /s/ JAMES E. SUBLETT, MGR			1/14/05		239-425-0361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

383

ACCOUNT NO. : 072100000032

REFERENCE : 145934 4326591

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : January 14, 2005

ORDER TIME : 1:24 PM

ORDER NO. : 145934-005

CUSTOMER NO: 4326591

CUSTOMER: Ms. Amy Coates
Fowler White Boggs Banker P.a.
Suite 1700
501 East Kennedy Boulevard
Tampa, FL 33602

ANNUAL REPORT FILING

NAME: FLORIDA CONSTRUCTION
SERVICES LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire-EXT#2909

EXAMINER'S INITIALS: _____

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