

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000005431

1. Entity Name
TBD CONSTRUCTION, LLC



Principal Place of Business	Mailing Address
950 MOODY ROAD	950 MOODY ROAD
138	138
N. FT. MYERS, FL 33903	N. FT. MYERS, FL 33903



03142005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
83-0353701	Not Applicable

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

6. Name and Address of Current Registered Agent

MATLAND, RUDOLPH K
12995 CLEVELAND AVE.
107
FT. MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VOTTA, ANTHONY
STREET ADDRESS	28480 DEL LAGO WAY
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	MGR
NAME	NEWELL, DALE
STREET ADDRESS	16281 NORTH OLEANDER
CITY-ST-ZIP	FT. MYERS, FL 33908

TITLE	MGR
NAME	BOREIKO, JOSEPH
STREET ADDRESS	950 MOODY ROAD #138
CITY-ST-ZIP	N. FT. MYERS, FL 33903

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000302778
04/13/05-80086-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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

4/11/05

Date

239-985-6302

Daytime Phone #