


2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2012 MAY 31 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000006753		
1. Entity Name DECKER BUILDERS, LLC		

Principal Place of Business 319 SW KESTOR DR PORT SAINT LUCIE, FL 34953	Mailing Address P.O. BOX 8599 PORT SAINT LUCIE, FL 34985
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 319 SW Kestor Dr Suite, Apt. #, etc. Port St. Lucie, FL	
Suite, Apt. #, etc.		City & State	
City & State		City & State	
Zip	Country USA	Zip 34953	Country St. Lucie

05152012 Chg-LLC CR2E083 (12/11)	
4. FEI Number 56-2338533	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HERMAN, BRUCE 1401 E. BROWARD BLV., STE. 206 FT. LAUDERDALE, FL 33301	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating)

<p>FILE NOW!!! FEE IS \$538.75 Due by September 28, 2012</p>	<p>Make check payable to Florida Department of State</p>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DECKER, DEANNA P.O. BOX 8599 PORT SAINT LUCIE, FL 34985 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200235917022 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/05/12--01010--036 **143.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Deanna Decker 5/22/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE E-MAIL ADDRESS