

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90039 015 ****50.00

DOCUMENT # L03000007069

1. Entity Name

M & W BUILDINGS OF FLORIDA, LLC.



Principal Place of Business

**1655 NORTH MAGNOLIA AVE
OCALA FL 34475
US**

Mailing Address

**1655 NORTH MAGNOLIA AVE
OCALA FL 34475
US**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1405 SE 38TH AVE

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

OCALA FL

4. FEI Number

59-1153656

Applied For

Not Applicable

Zip

Country

Zip

34471

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEARD, JOHN P
4440 S. E. 53RD AVENUE
OCALA FL 34480**

7. Name and Address of New Registered Agent

Name **LEARD, JOHN P**
Street Address (P.O. Box Number is Not Acceptable)
1405 SE 38TH AVE
City **OCALA** FL Zip Code **34471**

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

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

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	BALLINGER, JIMMIE	
STREET ADDRESS	238 SW 96TH LANE	
CITY- ST- ZIP	OCALA FL 34476	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEARD, JOHN	
STREET ADDRESS	1405 SE 38TH AVE	
CITY- ST- ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **✓**

John P Leard

JOHN P LEARD

Date

4-4-06

Daytime Phone #

3526241616

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