


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90019 011 ****50.00

| | |
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| DOCUMENT # L03000014126 |  |
| 1. Entity Name CONSTRUCTION SCHOOLS OF AMERICA LLC | |

24052290



04152004 Chg-LLC CR2E083 (10/03)

| | | | |
|--|---------|--|---------|
| Principal Place of Business 3223 NW 10TH TERRACE, STE. 610 FORT LAUDERDALE, FL 33309 | | Mailing Address 3223 NW 10TH TERRACE, STE. 610 FORT LAUDERDALE, FL 33309 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number
76-0732342

Applied For
Not Applicable

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

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent CONSTRUCTION SCHOOLS OF AMERICA, LLC 3223 N.W. 10TH TERRACE, SUITE 610 C/O RICHARD PARENTEAU SR FORT LAUDERDALE, FL 33309 | | 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS PARENTEAU RICHARD SR 3223 NW 10TH TERRACE, STE. 610 FORT LAUDERDALE, FL 33309 <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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| 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 |

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Richard Parenteau Sr.
April 15, 2004

Date

Daytime Phone #

1-800-613-0656

Richard Parenteau Sr, President