

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-13-2006 90039 020 ****50.00

DOCUMENT # L03000020661

1. Entity Name

JOHN KALINAUSKAS BUILDER, L.L.C.



Principal Place of Business

117 LAUGHING GULL
DAYTONA BEACH FL 32119

Mailing Address

117 LAUGHING GULL
DAYTONA BEACH FL 32119

2. Principal Place of Business

3. Mailing Address

101 GOLDEN PLOVER CT

101 GOLDEN PLOVER CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAYTONA BEACH FL

DAYTONA BEACH FL

Zip

Country

Zip

Country

32119

FLORIDA

32119

FLORIDA

4. FEI Number

80-0084369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALINAUSKAS, JOHN
117 LAUGHING GULL
DAYTONA BEACH FL 32119

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

JOHN KALINAUSKAS PRES.

[Signature]

04.04.06

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 MGR ☐ Delete
NAME KALINAUSKAS, JOHN F
STREET ADDRESS 117 LAUGHING GULL COURT
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 KALINAUSKAS PRES.

[Signature]

4.04.06

386-589-4312

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

Date

Daytime Phone #