

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

1. Entity Name  
**CONTRACTORS' FASTENER & TOOL, LLC**



Mailing Address  
4850 COLLINS ROAD  
# 104  
ORANGE PARK, FL 32073

**DO NOT WRITE IN THIS SPACE**



CR2E083 (11/05)

Applied For
Not Applicable



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

3. 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 registering)**

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST ZIP

000000991112  
01/24/06- 80028-005 55.00

**DO NOT WRITE  
IN THIS SPACE**

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**

William T. Auer

1/15/2006

904-278-1792

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

Date \_\_\_\_\_

DATA TO BE USED