

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2005 MAY 16 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-1010775** Applied For ☐ Not Applicable

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

DOCUMENT # L03000037140

1. Entity Name
MLC CONSTRUCTION, L.L.C.



Principal Place of Business
1901 MORRILL STREET
SARASOTA, FL 34236

Mailing Address
1901 MORRILL STREET
SARASOTA, FL 34236

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

6. Name and Address of Current Registered Agent
CHAPNICK, BRUCE P ESQ.
C/O ICARD, MERRILL, ET AL
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHMIELESKI, PHILLIP J 1901 MORRILL STREET SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sandcastles of Sarasota, LLC 1901 Morrill St. Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOHATY, MARGARET H 1901 MORRILL STREET SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600054669456 05/17/05--01024--007 *\$50.00 <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
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
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: Phillip J. Chmielecki Date 4/6/05 Daytime Phone # (941) 586-9469