

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000042988

1. Entity Name

BEESLEY CONSTRUCTION COMPANY, LLC



Principal Place of Business

**2115 J. CITRUS BLVD
LEESBURG FL 34748**

Mailing Address

**PO BOX 490053
LEESBURG FL 34749-0053**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

33-1074491

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**GRILL, KENNETH
2200 MONTCLAIR RD., STE. 101
LEESBURG FL 34748**

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, 2007

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **BEESLEY, CHRISTOPHER A**
CITY- ST- ZIP **PO BOX 490053
LEESBURG FL 34749-0053**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **WAGNER, JAMES A**
CITY- ST- ZIP **3325 MIDDLEBURY STREET
ELKHART IN 46516**

TITLE ☐ Delete
NAME **MMBR**
STREET ADDRESS **WAGNER CONSTRUCTION COMPANY, LLC**
CITY- ST- ZIP **3325 MIDDLEBURY STREET
ELKHART IN 46516**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
U000000674100
03/29/07-80055-014 50.00

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

☐ Change ☐ 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:

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

Date

Daytime Phone #

Beesley

3/14/07 (352) 365-4378