

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90023 020 \*\*\*\*50.00

**DOCUMENT # L03000043686**

1. Entity Name

**TOM RICHARDSON CONSTRUCTION LLC**



Principal Place of Business

6330 CLANCE ROAD  
KEYSTONE HEIGHTS FL 32656  
US

Mailing Address

4237 S.E. 2ND AVENUE  
KEYSTONE HEIGHTS FL 32656  
US



2. Principal Place of Business

6330 CLANCE ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 217

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

KEYSTONE HEIGHTS, FL.

Zip 32656

Country US

City & State

HORSESHOE BEACH, FL

Zip 32648

Country US

4. FEI Number

20-0394784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, THOMAS J  
4237 S.E. 2ND AVENUE  
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name Tom RICHARDSON

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

209 E PTH AVE.

City

HORSESHOE BEACH

FL

Zip Code

32648

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 *Tom Richardson* Tom RICHARDSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-23-06

**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  
NAME RICHARDSON, THOMAS J  
STREET ADDRESS 4237 S.E. 2ND AVENUE  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE mgr  
NAME RICHARDSON, THOMAS J.  
STREET ADDRESS P.O. Box 217  
CITY-ST-ZIP HORSESHOE BEACH, FL 32648 ☒ Change ☐ Addition

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

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

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

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

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

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: *Tom Richardson*

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

3-23-06 3526658580

Date

Daytime Phone #