

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # L03000045111

1. Entity Name

DUWAYNE PETERS RESIDENTIAL CONTRACTOR, LLC



Principal Place of Business

ROUTE 1, BOX 995  
MADISON FL 32340  
US

Mailing Address

ROUTE 1, BOX 995  
MADISON FL 32340  
US

2. Principal Place of Business

423  
Suite, Apt. #, etc.

S.W. GABRIELLA WY  
City & State

MADISON FLA

Zip Country  
32340 MADISON

3. Mailing Address

423  
Suite, Apt. #, etc.

S.W. GABRIELLA WY  
City & State

MADISON FLA

Zip Country  
32340 MADISON



1st MOORE

CR2E083 (10/04)

4. FEI Number

20-0428258

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERS, DWAYNE  
ROUTE 1, BOX 995  
MADISON FL 32340

7. Name and Address of New Registered Agent

Name PETERS Duwayne  
Street Address (P.O. Box Number is Not Acceptable)  
423 SW GABRIELLA WY  
MADISON FLA  
City MADISON FL Zip Code 32340

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

*Duwayne Peters* MGR

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME PETERS, DWAYNE  
STREET ADDRESS ROUTE 1, BOX 995  
CITY-ST-ZIP MADISON FL 32340 ☐ 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 PETERS Duwayne  
STREET ADDRESS 423 SW GABRIELLA WY.  
CITY-ST-ZIP MADISON FLA 32340 ☐ 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 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: *Duwayne Peters* Duwayne PETERS mgr 2/28/05 85473  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 6678