2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

Mar 14, 2008 08:00 AN Secretary of State **DOCUMENT # L03000045162** 1. Entity Name GUY R LARKIN, JR GENERAL CONTRACTOR, LLC Principal Place of Business Mailing Address 2301 8TH AVE W 2301 8TH AVE W **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) Applied For City & State City & State 4. FEI Number 20-0388871 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAY, JIM CPA Street Address (P.O. Box Number is Not Acceptable) 3984 MANATEE AVE E **BRADENTON FL 34208** City 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 Signistrials, typed or primed name of registered agent and title if explicable (NOTE: Registered Agent's goalure regulard when constating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITHE MGRM Delete TITLE Change Addition NAME LARKIN, GUY R JR NAME U00000859198 STREET ADDRESS 2301 8TH AVE W STREET ADDRESS 04/02/08-800ï3-016 143.75 City-ST-ZIP **BRADENTON FL 34205** CUTY-ST-7:P THILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE Delete uns Change Addition NAME NAME STREET ADDRESS STREET ACORESS CITY-ST-7IP CITY ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST-78P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes + 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 trustes employered to execute this report as required by Chapter 608, Florida Statutes.

FILED