

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000045318

1. Entity Name
DUNWORTH CONSTRUCTION LLC



Principal Place of Business
**625 SW SALERNO RD
STUART, FL 34997**

Mailing Address
**625 SW SALERNO RD
STUART, FL 34997**



07092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1070173

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUNWORTH, ROY F
625 SW SALERNO RD
STUART, FL 34997**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 6, 2006**

U000000572169
07/25/06-80019-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DUNWORTH, ROY F
625 SW SALERNO RD
STUART, FL 34997**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CUNNINGHAM, SHAWN
15805 SCHWEIZER COURT
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Shawn Cunningham 7/10/06 561860085