2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #1 02000045404



FILED Apr 14, 2008 8:00 am Secretary of State

1. Entity Name J.R.G. CONSTRUCTION, LLC						04-14-2008	90221 0	29 ***13	38.75	
Principal Place of Business 27002 GEIGER RD. HILLIARD, FL 32046		Mailing Address 27002 GEIGER RD. HILLIARD, FL 32046				vvvi	- fe U fe f	•		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03252008	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State		4. FEI Numbe 20-0401				plied For t Applicable		
Zip Country		Zip	Zip Country		5. Certificate	of Status Desired		5.00 Add ee Required		
	6. Name and A	ddress of Current	t Registered Agent			7. Name and	Address of New R	egistered A	gent	
CEICER	IOCEDIA O				Name					İ
GEIGER, JOSEPH R 27002 GEIGER RD. HILLIARD, FL 32046					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	3
8. The above the obligat	named entity submitions of registered ag	its this statement fi gent.	or the purpose of changing it	s registere	ed office or register	red agent, or both	n, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed	name of registered agen	t and title if applicable. (NO	TE: Registere	f Agent signature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75										
			5					e check pa Departme		· · · · · · · · · · · · · · · · · · ·
	/ 1, 2008 Fee w	vill be \$538.7	5 ERS/MANAGERS	10.				a Departme		
9.	/ 1, 2008 Fee w MGR	VIII be \$538.7		TITLE			Florida	a Departme		Addition
9. TITLE NAME	MGR GEIGER, JOSE	VIII be \$538.7 IANAGING MEMB PH R	ERS/MANAGERS	TITLE NAM	:		Florida	a Departme	nt of State	
9. TITLE NAME STREET ADDRESS	MGR GEIGER, JOSEF 27002 GEIGER	VIII be \$538.7 IANAGING MEMB PH R RD,	ERS/MANAGERS	TITLE NAM STRE	ET ADDRESS		Florida	a Departme	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEIGER, JOSEF 27002 GEIGER HILLIARD, FL 3	VIII be \$538.7 IANAGING MEMB PH R RD,	ERS/MANAGERS Delete	TITLE NAM STRE CITY	ET ADDRESS -ST-ZIP		Florida	Departme	nt, of. State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEIGER, JOSEF 27002 GEIGER HILLIARD, FL 3	VIII be \$538.7 IANAGING MEMB PH R RD, I2046	ERS/MANAGERS	TITLE NAME STREET CITY	ET ADDRESS -ST-ZIP		Florida	Departme	nt of State	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MGR GEIGER, JOSEI 27002 GEIGER HILLIARD, FL 3 MGRM TAYLOR, MATT	VIII be \$538.7 IANAGING MEMB PH R RD, I2046	ERS/MANAGERS Delete	TITLE NAME STRE CITY TITLE NAME	ET ADDRESS -ST-ZIP		Florida	Departme	nt, of. State	☐ Addition
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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.