2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 19, 2005 8:00 am Secretary of State **DOCUMENT # L03000045598** 04-19-2005 90016 047 ****50.00 LASHLEY MASONRY,LLC Principal Place of Business Mailing Address **267 OSPREY LANE 267 OSPREY LANE** ALFORD, FL 32420 ALFORD, FL 32420 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number 1900262 Not Applicable 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 LASHLEY, JENNINGS W Street Address (P.O. Box Number is Not Acceptable) 267 OSPREY LANE ALFORD, FL FL 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 (NOTE: Regis ...100 13) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR Delete TILE ☐ Change ■ Addition LASHLEY, JENNINGS W NAME NAME STREET ADORESS 267 OSPREY LANE STREET ADDRESS CITY-ST-ZIP ALFORD, FL 32420 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition DBE ☐ Delete Change NAME , STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.