

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2006 MAR -2 PM 3: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000045691

1. Entity Name
CHAMBLISS MASONRY LLC



Principal Place of Business
103 CHAMBLISS ROAD
HAVANA, FL 32333

Mailing Address
103 CHAMBLISS ROAD
HAVANA, FL 32333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-0405114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, CATHERINE
103 CHAMBLISS ROAD
HAVANA, FL 32333

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BUTLER, CATHERINE
STREET ADDRESS 103 CHAMBLISS ROAD
CITY-ST-ZIP HAVANA, FL 32333 ☒ Delete

TITLE MGR Bobby Chambliss
NAME 103 Chambliss Road
STREET ADDRESS Havana, FL 32333
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGR Patrick R. Chambliss
NAME 103 Chambliss Road
STREET ADDRESS Havana, FL 32333
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGR Timmie Lee Harrison
NAME 103 Chambliss Road
STREET ADDRESS Havana, FL 32333
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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 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: Catherine Butler Catherine Butler 3/2/06 850-458-6225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #