

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90024 043 ****55.00

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DOCUMENT # L03000045989 1. Entity Name TROY BUILDING COMPANY, LLC					
Principal Place of Business 421 ROSEVILLE LN LAKE HELEN, FL 32744			Mailing Address 421 ROSEVILLE LN LAKE HELEN, FL 32744		
2. Principal Place of Business 312 S. LAKEVIEW DR.		3. Mailing Address 312 S. LAKEVIEW DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE HELEN, FL		City & State LAKE HELEN, FL		4. FEI Number 20-0411217	
Zip 32744		Country USA		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TROY, ANTHONY T 151 N. PREVATT AVE. LAKE HELEN, FL 32744		7. Name and Address of New Registered Agent Name TROY, ANTHONY T. Street Address (P.O. Box Number is Not Acceptable) 421 ROSEVILLE LANE City LAKE HELEN FL Zip Code 32744			
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 APRIL 13, 2005 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-stating)					
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROY, ANTHONY T 151 N. PREVATT AVE. LAKE HELEN, FL 32744	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROY, JUNE M 151 N. PREVATT LAKE HELEN, FL 32744	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROY, JUNE M 151 N. PREVATT LAKE HELEN, FL 32744	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROY, JUNE M 151 N. PREVATT LAKE HELEN, FL 32744	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROY, JUNE M 151 N. PREVATT LAKE HELEN, FL 32744	☐ Delete			
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.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					