

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

05-02-2005 90115 002 *****55.00
06-15-2005 90038 002 *****5.00

DOCUMENT # L03000046399					
1. Entity Name JOHN BRAY MASONRY LLC					
Principal Place of Business 5269 SPRINGDALE DR MILTON, FL 32570			Mailing Address 5269 SPRINGDALE DR MILTON, FL 32570		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		04272005 Chg-LLC CR2E083 (10/03)
4. FEI Number 59-2159897				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAY, JOHN 5269 SPRINGDALE DR MILTON, FL 32570			7. Name and Address of New Registered Agent 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: <i>John D. Bray</i> (NOTE: Registered Agent signature required when renewing) DATE:					
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 BRAY, JOHN 5269 SPRINGDALE DR MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS 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 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 register or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: <i>John D. Bray</i> Date: <i>6/10/05</i> Daytime Phone #					

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