

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90380 017 \*\*\*\*55.00

**DOCUMENT # L03000046579**

1. Entity Name

**CARLOS CONSTRUCTION COMPANY LLC**



Principal Place of Business

**4344 LANGLEY AVE. A-26  
PENSACOLA FL 32504**

Mailing Address

**4344 LANGLEY AVE. A-26  
PENSACOLA FL 32504**

2. Principal Place of Business

3. Mailing Address

**417 LaBorde Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Mobile, AL**

Zip

Country

**36609**

Country

**USA**

4. FEI Number

**86-1087009**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**YOST, WILLIAM CARL  
4344 LANGLEY AVE. A-26  
PENSACOLA FL 32504**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>YOST, WILLIAM CARL</b>	
STREET ADDRESS	<b>4344 LANGLEY AVE. A-26</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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.

**SIGNATURE: William Carl Yost**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3-12-05**

Date

**850-471-0690**

Daytime Phone #