## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # L03000046579 1. Entity Name 04-24-2006 90065 013 \*\*\*\*50.00 CARLOS CONSTRUCTION COMPANY LLC Mailing Address Principal Place of Business 4344 LANGLEY AVE. A-26 417 LABORDE DRIVE PENSACOLA FL 32504 MOBILE AL 36609 2. Principal Place of Business 2418 Lank 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State 4. FEI Number 86-1087009 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOST, WILLIAM CARL 4344 LANGLEY AVE. A-26 PENSACOLA FL 32504 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition TITLE TITLE MGR ☐ Delete NAME NAME YOST, WILLIAM CARL 2418 Lank Road STREET ADDRESS STREET ADDRESS 4344 LANGLEY AVE. A-26 Molino CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 Change Addition Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED**