

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90149 006 \*\*\*\*\*50.00

**DOCUMENT # L03000046641**

1. Entity Name

RANDALL T KOHL LLC



Principal Place of Business

2110 PATRICIA CR  
BARTOW FL 33830  
US

Mailing Address

2110 PATRICIA CT  
BARTOW FL 33830  
US

2. Principal Place of Business

Home  
Suite, Apt. #, etc.

3. Mailing Address

2110 Patricia Circle  
Suite, Apt. #, etc.



MOORE

CR2E083 (4/04)

City & State

Bartow FL

City & State

Bartow FL 33830

4. FEI Number

134219214

Applied For

Not Applicable

Zip

33830

Country

United States

Zip

33830

Country

United States

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

KOHL, R T-  
2110 PATRICIA CR  
BARTOW FL 33830

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 *Randall T Kohl*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

08-03-04

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

**Make Check Payable to Florida Department of State  
Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR	KOHL, RANDALL T				
STREET ADDRESS	2110 PATRICIA CR		STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Randall T Kohl*

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

Date

Daytime Phone #

(863)  
08-03-04 860-2318

Attachment 2409011  
#203000040241  
CE

TOM GALLAGHER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION \*\***

This certificate exempts the Officer of the Corporation or the Member of the Limited Liability Company listed below from the provision of Florida Workers' Compensation Law for the period indicated below.

EFFECTIVE DATE: 01/01/2004 EXPIRATION DATE: 11/25/2004

CORPORATE OFFICER/  
LLC MEMBER NAME:

KOHL

RANDALL

T

FEIN:

134219214

BUSINESS NAME AND  
ADDRESS:

RANDALL T KOHL LLC  
2110 PATRICIA CIRCLE  
BARTOW

FL 33830

SCOPE OF BUSINESS OR TRADE: MASONRY

**IMPORTANT:** Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 488-2333

WC-253 RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION REVISED 11-03

Please cut out the card below and retain for inspection by any Department of Financial Services representative while conducting work.

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p><b>** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **</b></p> <p>This certificate exempts the Officer of the Corporation listed below from the provision of Florida Workers' Compensation Law for the period indicated below.</p> <p>EFFECTIVE DATE: 01/01/2004 EXPIRATION DATE: 11/25/2004</p> <p>CORPORATE OFFICER/ LLC MEMBER NAME: KOHL RANDALL FEIN: 134219214</p> <p>BUSINESS NAME AND ADDRESS: RANDALL T KOHL LLC 2110 PATRICIA CIRCLE BARTOW FL 33830</p> <p>SCOPE OF BUSINESS OR TRADE: MASONRY</p>	<p><b>IMPORTANT</b></p> <p><b>FOLD HERE</b></p> <p>This certificate applies only to the corporate officer named on this certificate and applies only within the scope of the business or trade listed hereon.</p> <p>A copy of this card or the duplicate above must be carried and available for inspection at all time while conducting any construction work.</p> <p>Pursuant to chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.</p> <p>QUESTIONS? (850) 488-2333</p>
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C-253 RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION REVISED 11-03