## 2006 LIMITED LÍABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Jan 20, 2006 08:00 AN DOCUMENT # L03000047224 1. Entity Name **Secretary of State** RICHARD BRANTLY CONST. "LLC" Principal Place of Business Mailing Address 1705 KELLEY ST 1705 KELLEY ST TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 : 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 75-3137984 Not Applicate Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANTLY, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 1705 KELLEY ST TALLAHASSEE FL 32310 City 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 agree the obligations of re tered acea registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TITLE □ Delete ☐ Change ☐ Addiss NAME BRANTLY, RICHARD L NAME 1100000393335 01/25/06-80019-013 **50.00** STREET ADDRESS 1705 KELLEY ST STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 TITLE MGRM ☐ Delete TITLE Change Addition NAME BRANTLY, GREGORY NAME STREET ADDRESS STREET ADDRESS 1705 KELLEY ST TALLAHASSEE FL 32310 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete\_ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addiji NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Add" NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 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.

IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

18-06

850-321-1821

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