## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Feb 06, 2007 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 75-3137984 Not Applicable Zip Zip Country 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 Name 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 accept the obligations of registered agent Signature, typed or printed harne of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 1000 Change Addition MGRM ☐ Delete THILE NAMI BRANTLY, RICHARD L NAME U00000625224 02/14/07-80867-<u>010\_50,00</u> STREET LADORESS STREET ADDITIONS 1705 KELLEY ST CHY-SI-7IP CITY-S1-7IP TALLAHASSEE FL 32310 HILL ☐ Defete Change Addition MGRM DILL NAME BRANTLY, GREGORY NAME STRUET ADDRESS STREET ADDRESS 1705 KELLEY ST CITY-ST-ZIP CITY-S1-7IP TALLAHASSEE FL 32310 TITLE ☐ Delete 31111 ☐ Change ☐ Addition NAMI NAMI STREET FADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-7IP THILE ☐ Delete HILL Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7/P DHE ☐ Delete mu. ☐ Change Addition NAME. STREET ADDRESS STREELADORESS CITY-S1-7IP CHY-ST-7P IIII ☐ Delete HIRE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 logal offect 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.

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

1581-152-028

Daytime Phone #