

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000047628

1. Entity Name

CARRIGAN CONSTRUCTION, LLC



Principal Place of Business
12810 52ND ROAD NORTH
WEST PALM BEACH FL 33411
US

Mailing Address
12810 52ND ROAD NORTH
WEST PALM BEACH FL 33411
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

33-1076645

Applied For

Not Applicable

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

CARRIGAN, LORI
12810 52ND ROAD NORTH
WEST PALM BEACH FL 33411

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's 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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CARRIGAN, BRENT A
STREET ADDRESS 12810 52ND ROAD NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE ☐ Change ☐ Addition
NAME 000000291581
STREET ADDRESS 04/07/05-80037-012 50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CARRIGAN, LORI A
STREET ADDRESS 12810 52ND ROAD NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

4/3/05 (561) 718-6799