

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90106 048 \*\*\*\*50.00

DOCUMENT # L03000047682

1. Entity Name

CAL TECH CONSTRUCTION, LLC



Principal Place of Business

Mailing Address

1003 QUAKER RIDGE CT  
OVIEDO FL 32765

1003 QUAKER RIDGE CT  
OVIEDO FL 32765

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

27-0072971

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

KOLINS, RAY  
1003 QUAKER RIDGE CT  
OVIEDO FL 32765

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 signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KOLINS, RAY  
1003 QUAKER RIDGE COURT  
OVIEDO FL 32765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A ☐ Change ☐ Addition

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