


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 #
OVIEDO FL

Suite, Apt. #, etc.
N/A


City & State
OVIEDO 32765

3. Mailing Address
1003 QUAKER RIDGE CT

Suite, Apt. #, etc.
N/A

City & State

Zip **32765** Country **USA** Zip **32765** Country **USA**



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

**KOLINS, RAY
 1003 QUAKER RIDGE CT
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title appropriate. (NOTE: Registered Agent signature required when re-registering)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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