

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000047682
 1. Entity Name
 CAL TECH CONSTRUCTION, LLC



Principal Place of Business: 1003 QUAKER RIDGE CT, OVIEDO FL 32765
 Mailing Address: 1003 QUAKER RIDGE CT, OVIEDO FL 32765



2. Principal Place of Business - No P.O. Box #: 1003 Quaker Ridge Ct
 Suite, Apt. #, etc.
 3. Mailing Address: SAME
 Suite, Apt. #, etc.

1st MOORE GR2E083 (10/07)

City & State: OVIEDO FLA
 Zip: 32765
 County: Sem
 City & State: SAME
 Zip: SAME
 County: SAME

4. FEI Number: 27-0072971
 Applied For: 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: RAY KOLINS
 Street Address (P.O. Box Number is Not Acceptable): 1003 QUAKER RIDGE CT
 City: OVIEDO FL Zip: 32765

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] DATE: 1-28-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State
 138.75
 5.00 = 143.75

9. MANAGING MEMBERS / MANAGERS		
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KOLINS, RAY	
STREET ADDRESS	1003 QUAKER RIDGE COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: [Signature] DATE: 1-28-08