

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000047835**

1. Entity Name  
**C.L. COLLINS MASONRY, LLC**



Principal Place of Business  
**129 SOUTH SHORE DRIVE  
EAGLE LAKE, FL 33839 US**

Mailing Address  
**P.O. BOX 275  
EAGLE LAKE, FL 33839 US**



01062007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0427518</b>	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COLLINS, C.L.  
129 SOUTH SHORE DRIVE  
EAGLE LAKE, FL 33839**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000593512  
01/22/07-80034-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS, C.L. P.O. BOX 275 EAGLE LAKE, FL 33839
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *C.L. Collins* **C.L. COLLINS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1-14-2007 863-2937106**  
Date Daytime Phone #