

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # **LS-000048062**

1. Entity Name
R E ELLIOTT CONSTRUCTION LLC



Principal Place of Business
**722 MARY AVE
FORT WALTON BEACH, FL 32547**

Mailing Address
**722 MARY AVE
FORT WALTON BEACH, FL 32547 US**

FILED

2008 OCT -3 P 1:56



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

119 HR LINZY Ln
Suite, Apt. #, etc.

3. Mailing Address

119 HR LINZY Ln
Suite, Apt. #, etc.

09232008 Chg-LLC CR2E083 (12/06)

City & State

Crawfordville FL

City & State

Crawfordville FL

4. FEI Number

20-0431542

Applied For

Not Applicable

Zip

32327

Country

Wakulla

Zip

32327

Country

Wakulla

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELLIOTT, RALPH E
722 MARY AVE
FORT WALTON BEACH, FL 32547**

7. Name and Address of New Registered Agent

Name **Elliott Ralph E**

Street Address (P.O. Box Number is Not Acceptable)

119 HR Linzy Ln

City **Crawfordville FL**

Zip Code

32327

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

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☒ Delete
NAME **ELLIOTT, RALPH E**
STREET ADDRESS **722 MARY AVE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Elliott Ralph E**
STREET ADDRESS **119 HR Linzy Ln**
CITY-ST-ZIP **Crawfordville FL 32327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700136463827
09/30/08--01013--006 **138.75

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 08 AL

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:

Ralph E Elliott

9-23-08

850.528.2671

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

Date

Daytime Phone #