


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State


01-25-2005 90085 023 ****55.00

DOCUMENT # L03000048661	
1. Entity Name TOLTON BUILDERS LLC	

Principal Place of Business 6137 SUNNYBROOK BOULEVARD ENGLEWOOD FL 34224 US	Mailing Address POST OFFICE BOX 1996 ENGLEWOOD FL 34295 US
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2. Principal Place of Business 6516 Blueberry Dr.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Englewood FL.	City & State
Zip 34224	Country Charlotte

	
1st MOORE	CR2E083 (10/04)
4. FEI Number 35-1926124	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent TOLTON, DENNIS R 6137 SUNNYBROOK BOULEVARD ENGLEWOOD FL 34224	
7. Name and Address of New Registered Agent Name Dennis R. Tolton Street Address (P.O. Box Number is Not Acceptable) 6516 Blueberry Dr. City Englewood FL Zip Code 34224	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLTON, DENNIS R 6137 SUNNYBROOK BOULEVARD ENGLEWOOD FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tolton, Dennis R. 6516 Blueberry Dr. Englewood FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____