

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90157 032 ****50.00

DOCUMENT # L03000049130

1. Entity Name

JOE OWEN CONSTRUCTION, LLC



Principal Place of Business

Mailing Address

~~12101 NE HWY 315~~
~~FT. MCCOY FL 32134~~

P.O. BOX 99
SILVER SPRINGS FL 34489

2. Principal Place of Business

1716 NE 5th St

3. Mailing Address

P.O. Box 99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
Sil Spgs, FL

Zip
34470

Country
USA

Zip
34489

Country

4. FEI Number

80-0092894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWEN, JOE B
12101 NE HWY 315
FT. MCCOY FL 32134

Name

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

1716 NE 5th St

City

Sil Spgs

FL

Zip Code

34470

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
OWEN, JOE B
12101 NE HWY 315
FT. MCCOY FL 32134

☐ Delete

TITLE
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CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE
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CITY - ST - ZIP

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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:

Joe B. Owen

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

Date

Daytime Phone #

1-25-05 352-843-4602