2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 07, 2005 8:00 am Secretary of State

DOCUMENT # L0300050404 1. Entity Name LAS PALMAS CONTRACTORS, LLC					02-07-2005 90277 037 ****50.00				
Principal Place of Business		Mailing Address		20007814					
4807 BONAIRE CAY DESTIN, FL 32541		4807 BONAIRE CAY Destin, Fl. 32541			7				
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2. Principal P	lace of Business	3. Mailing Address							
151 Regions Way		151 Regions Way		1 10 811 811 811	EBITE (11111 POLITE BETFE BETI		II BIBLI BASI BIB	eri mileri	
Suite Apt. #, etc. Suite 1-C		Suite Apt. #. etc. Suite 1-C		01242005	Chg-LLC		33 (10/03)		
City & State Destin, FL		City & State Destin, FL		4. FEI Numbe 20-0450				plied For t Applicable	
Zip	Country	Zip	Country	•	i		Ö	5.00 Add	
32541	USA	32541	USA		i	of Status Desired		ee Require	
!	6: Name and Address of Current I	Registered Agent	Nar	ne	7. Name and	Address of New R	egistered A	gent	
PERRY, AMY A				Street Address (P.O. Box Number is Not Acceptable)					
4477 LEGE 202	ENDARY DRIVE		216	et Address (P.O. Box Numbe	r is Not Acceptable	·)		
DESTIN, F	L 32541								
			City	,			FL	Zip Code	8
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered offic	ce or register	red agent, or bot	n, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE .	: Signature, typed or printed name of registered agent a	Augre (d when reinstating)		DATE		
	Signature, typed or printed frame or registered agent a	латае и арржава. (ноте:	negistered Agent :	signature required	i when renstating)	~~~~	UAIE	***********	
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	ling Fee is \$50.00 ue by May 1, 2005						e check pa i Departme		3
9.	ue by May 1, 2005 MANAGING MEMBE		to	IMCD	M		Departme	ont of State	
9.	ue by May 1, 2005 MANAGING MEMBE MGRM	RS/MANAGERS	TITLE	MGR		Florida ADDITIONS/	Departme		Addition
9.	ue by May 1, 2005 MANAGING MEMBE			Mic 151	hael B. Regior	ADDITIONS/ Hewitt as Way, S	Departme	ont of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM HEWITT, MICHAEL	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	Mic 151	hael B.	ADDITIONS/ Hewitt as Way, S	Departme	CX Change 1-C	Addition
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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 regulired by Chapter 608, Florida Statutes.

1-27-05

(850) 650-0599

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