

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90216 004 ****50.00

DOCUMENT # L03000050474

1. Entity Name
RICHARD SPANGLER GENERAL CONTRACTOR, L.L.C.



Principal Place of Business
**108 LINCOLN AVENUE
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**PO BOX 1005
NEW SMYRNA BEACH, FL 32169**

60051047

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03182005 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0720020

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ROSS, WILLIAM L JR
221 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

7. Name and Address of New Registered Agent
Name **RICHARD SPANGLER**
Street Address (P.O. Box Number is Not Acceptable)
108 LINCOLN AVE.
City **NEW SMYRNA BEACH FL** Zip Code **32169**

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: **RICHARD SPANGLER** (NOTE: Registered Agent signature required when reappointing) DATE **4/9/05**

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPANGLER, RICHARD L 108 LINCOLN AVENUE NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: **RICHARD SPANGLER** DATE **4/9/05** DAYTIME PHONE # **386-428-8827**

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