

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90110 046 \*\*\*\*50.00

**DOCUMENT # L03000053282**

1. Entity Name  
**PUBLIC WORKS SUPPLY, LLC**



Principal Place of Business  
**1810 ROYAL FERN LANE  
ORANGE PARK, FL 32003**

Mailing Address  
**1810 ROYAL FERN LANE  
ORANGE PARK, FL 32003**

20000000



2. Principal Place of Business

**309 S. Bartram Trail**

Suite, Apt. #, etc.

3. Mailing Address

**309 S. Bartram Trail**

Suite, Apt. #, etc.

06142005 Chg-LLC CR2E083 (10/03)

City & State

**Jacksonville FL**

City & State

**Jacksonville FL**

4. FEI Number

**54-2135546**

Applied For

Not Applicable

Zip

**32259**

Country

**USA**

Zip

**32259**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DRISKELL, DEBRA L  
1810 ROYAL FERN LANE  
ORANGE PARK, FL 32003**

7. Name and Address of New Registered Agent

Name **Debra L Driskell**

Street Address (P.O. Box Number is Not Acceptable)  
**309 S. Bartram Trail**

City **Jacksonville**

**FL**

Zip Code  
**32259**

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

**Debra Driskell**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**6/15/05**

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

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

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BRISKELL, DEBRA L  
810 ROYAL FERN LANE  
ORANGE PARK, FL 32003** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BRISKELL, GREGORY  
810 ROYAL FERN LANE  
ORANGE PARK, FL 32003** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Driskell, Debra L  
309 S. Bartram Trail  
Jax, FL 32259** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Driskell Gregory  
309 S. Bartram Trail  
Jax, FL 32259** ☒ Change ☐ Addition

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

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

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

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

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: Debra Driskell Debra Driskell 6/15/05 904 230 4670**

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

Date

Daytime Phone #