

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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Jul 25, 2005 8:00 am
Secretary of State

04-29-2005 90064 025 ****50.00

DOCUMENT # L03000056373

1. Entity Name
HTW CONSTRUCTION, LLC



Principal Place of Business
6741 DONERAIL TRAIL
TALLAHASSEE, FL 32309-1601

Mailing Address
6741 DONERAIL TRAIL
TALLAHASSEE, FL 32309-1601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-080-3710

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

WILLIAMS, SHAWN MICHELLE
6741 DONERAIL TRAIL
TALLAHASSEE, FL 32309-1601

Name

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

City

FL

Zip Code

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 reappointing)

DATE

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
MGRM
WILLIAMS, HOWELL TONEY JR.
6741 DONERAIL TRAIL
TALLAHASSEE, FL 323091601 ☐ Delete

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

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NAME
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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: *Shawn Williams* Shawn Williams 850/666-6438 4/29/05

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

Date

Daytime Phone #