

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

DOCUMENT # L03000056373

1. Entity Name
HTW CONSTRUCTION, LLC



FILED

06 SEP -6 PM 4:57

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

Mailing Address
6741 DONERAIL TRAIL
TALLAHASSEE, FL 32309-1601

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1005 Dogwood Drive
Suite, Apt. #, etc.

3. Mailing Address
1005 Dogwood Drive
Suite, Apt. #, etc.

09042006 Chg-LLC CR2E083 (11/05)

City & State
Havana, FL
Zip 32333 Country USA

City & State
Havana, FL
Zip 32333 Country USA

4. FEI Number
01-0803710
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

1005 Dogwood Drive

City Havana

FL Zip Code 32333

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

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WILLIAMS, HOWELL TONEY JR.
STREET ADDRESS 6741 DONERAIL TRAIL
CITY-ST-ZIP TALLAHASSEE, FL 32309-1601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 1005 Dogwood Drive
CITY-ST-ZIP Havana, FL 32333 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 500079727275
09/12/06--01058--024 ***100.00 ☐ 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 exemptions contained in Chapter 119, 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: *Howell T. Williams Jr.* Howell T. Williams Jr.
Shawn Williams Shawn Williams

9/6/06

850/539-4411

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

Date

Daytime Phone #