

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90020 041 ****50.00

DOCUMENT # L03000057058



1. Entity Name

MAC NARY CONTRACTING L.L.C.

Principal Place of Business

% LAWRENCE MAC NARY JR.
1900 35TH ST NORTH
ST. PETERSBURG FL 33717

Mailing Address

% LAWRENCE MAC NARY JR.
1900 35TH ST NORTH
ST. PETERSBURG FL 33717



2. Principal Place of Business

LAWRENCE MAC NARY JR.
Suite, Apt. #, etc.
1940 35TH ST NORTH
City & State
ST. PETERSBURG FL

3. Mailing Address

C/O LAWRENCE MAC NARY JR.
Suite, Apt. #, etc.
1940 35TH ST NORTH
City & State
ST. PETERSBURG FL

1st MOORE

CR2E083 (10/05)

4. FEI Number

73-1690035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAC NARY, LAWRENCE JR.
1900 35TH ST NORTH
SAINT PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name
LAWRENCE MAC NARY JR.
Street Address (P.O. Box Number is Not Acceptable)
1940 35TH ST NORTH
City
ST. PETERSBURG FL Zip Code
33713

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MAC NARY, LAWRENCE
6101 3RD AVE. SOUTH
ST. PETERSBURG FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS / CHANGES

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

LAWRENCE MAC NARY JR. 2-6-06 727.322-2852