

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90020 023 ****55.00

DOCUMENT # L04000000111

1. Entity Name

RANDEL PUMPHREY CONSTRUCTION LLC



Principal Place of Business

16364 NE CALVIN MARTIN RD
PO BOX 116
ALTHA FL 32421

Mailing Address

16364 NE CALVIN MARTIN RD
PO BOX 116
ALTHA FL 32421

40010310



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

16364 NE Calvin Martin Rd
PO Box 116
Altha, FL 32421

3. Mailing Address

16364 NE Calvin Martin Rd
PO Box 116
Altha, FL 32421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altha, FL

City & State

Altha, FL

4. FEI Number

41-212 0808

Applied For

Not Applicable

Zip

Country

Zip

Country

32421

Calhoun

32421

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

PUMPHREY, FRANCES
16364 NE CALVIN MARTIN RD
ALTHA FL 32421

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:

Frances Pumphrey

Frances Pumphrey

2/28/05

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, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Registered Officer Randel Pumphrey PO Box 116 Altha, FL 32421 mgr | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Registered agent Frances Pumphrey PO Box 116 Altha, FL 32421 mgr | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Frances Pumphrey Reg. agent

Date

2/28/05

Daytime Phone #

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