

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-01-2005 90102 011 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000001841

1. Entity Name Strayer Framing LLC
STRAYER FRAMING, L.L.C.



Principal Place of Business
481 DOLPHIN ST.
PORT ST. JOE FL 32456

Mailing Address
481 DOLPHIN ST.
PORT ST. JOE FL 32456

2. Principal Place of Business
586 Dolphin St.
Suite, Apt. #, etc.

3. Mailing Address
586 Dolphin St
Suite, Apt. #, etc.

City & State
Port St Joe FL

City & State
Port St Joe FL

Zip
32456

Country
Guif

Zip
32456

Country
Guif

4. FEI Number 59-3573921

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRAYER, JACKIE D JR
481 DOLPHIN ST
PORT ST. JOE FL 32456

7. Name and Address of New Registered Agent

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 Jackie D Strayer Jr Jackie D Strayer Jr 6-6-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

B. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRAYER, JACKIE D JR 481 DOLPHIN ST. PORT ST. JOE FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jackie D Strayer Jr Jackie D Strayer Jr 6-6-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date/Time Phone #