2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L0400004207 1. Entity Name SNELLGROVE & RILEY CONSTRUCTION, LLC Principal Place of Business 4 7 3 3 5 Mailing Address					02-10-2005 9	00190 026 ****5.	5.00
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109 E. ITALIAN DR. DEFUNIAK SPRINGS, FL 32433 DEFUNIAK SPRINGS, FL 32433					ئەمەر دى. د		
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2. Principal Pl	face of Business	3. Mailing Address	NIA	:	2011 0101 0214 023 0214	11 // 11// 11// 11// 11// 11// 11// 11/	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	IN-[-1	01292005	Chg-LLC	_CR2E083 (10/03)	
City & State		City & State		4. FEI Numb		^ ⊢	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$5.00 Ad	ditional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	· · · · · · · · · · · · · · · · · · ·	;u
			Name			<u> </u>	
SNELLGRO	OVE, ROGER			Street Address (P.O. Box Number is Not Acceptable)			
	SPRINGS, FL 32433			· · ·			· ·
31 III :	- 446 	•	City			FL Zip Coo	ie
	named entity submits this statement fo	r the purpose of changing its		stered agent, or bo	th, in the State of Flor		, and accept
the obligati	ions of registered agent.		0.0				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requ	ired when reinstating)		DATE	
<u>.</u>		1					
Fi De	iling Fee is \$50.00 ue by May 1, 2005					check payable to Department of Stat	te
Fi Do	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	10.			Department of Stat	te
9. TITLE	ue by May 1, 2005 MANAGING MEMBE MGRM	RS/MANAGERS	TITLE		Florida	Department of Stat	de ☐ Addition
9.	MANAGING MEMBE MGRM SNELLGROVE, ROGER		1		Florida	Department of State	
9. TITLE NAME	ue by May 1, 2005 MANAGING MEMBE MGRM	☐ Delete	TITLE NAME	No.	Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM SNELLGROVE, ROGER 109 E ITALIAN DR. DEFUNIAK SPRINGS, FL 32433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Abyr.	Florida	Department of State	
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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: Roper H. Snell grove 1-31-05 (850)585-5596

SIGNATURE and triped or printed hame of signing wanaging member, manager, of furthorized representative Date Date

Date

Date