

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90083 005 ****50.00

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01262006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000010965					
1. Entity Name BLACK BAY CONSTRUCTION, LLC					
Principal Place of Business 15960 BAYSIDE POINTE WEST #405 FORT MYERS, FL 33908			Mailing Address 15960 BAYSIDE POINTE WEST #405 FORT MYERS, FL 33908		
2. Principal Place of Business 4469 BIRKSHIRE RD Suite, Apt. #, etc.		3. Mailing Address 4469 BIRKSHIRE RD Suite, Apt. #, etc.		4. FEI Number 20-0748759 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State ST JAMES CITY, FL Zip 33956		City & State ST JAMES CITY, FL Zip 33956			
Country LLC		Country LLC			
6. Name and Address of Current Registered Agent THOMPSON, RICHARD L 15960 BAYSIDE POINTE WEST #405 FORT MYERS, FL 33908 4469 BIRKSHIRE RD ST JAMES CITY, FL 33956		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, RICHARD L 15960 BAYSIDE POINTE WEST #405 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4469 BIRKSHIRE RD ST JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANSON, PEGGY J 15960 BAYSIDE POINTE WEST #405 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4469 BIRKSHIRE RD ST JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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	
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:			Date: 1/31/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					