

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011328

1. Entity Name
PRESSLEY CONSTRUCTION L.L.C.



Principal Place of Business
4396 COOL EMERAL DRIVE
TALLAHASSEE, FL 32303

Mailing Address
4396 COOL EMERAL DRIVE
TALLAHASSEE, FL 32303

2. Principal Place of Business
1020 E. LAYFETTE

3. Mailing Address
P.O. Box 180 718

Suite, Apt. #, etc.
SUITE 206 B

Suite, Apt. #, etc.
TALLAHASSEE

City & State
TALLAHASSEE FL

City & State
FLA

Zip
32301

Country
USA

Zip
32318

Country
USA

01152005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0432820

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRESSLEY, COREY
4396 COOL EMERAL DRIVE
TALLAHASSEE, FL 32303

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

Corey D. Pressley

2-28-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRESSLEY, COREY
4396 COOL EMERAL DRIVE
TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRESSLEY, SHIRELY
4396 COOL EMERAL DRIVE
TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ 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:

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

2-28-05

Date

389-2189

Daytime Phone #

FILED

05 FEB 28 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

