

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011328

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



Principal Place of Business
1020 E. LAFETTE SUITE 206B
TALLAHASSEE, FL 32301

Mailing Address
P.O. BOX 180718
TALLAHASSEE, FL 32318

mk

FILED

2006 MAY 12 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
4396 COOL EMERAL DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

05122006 Chg-LLC CR2E083 (11/05)

City & State
TALL, FLA
Zip
32303

Country
USA

City & State
Zip
Country

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

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 September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
☐ Change ☐ Addition

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
000075103400
05/23/06--01052--001 **\$50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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:

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

5/12/06

Date

Daytime Phone #