


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90036 013 ****50.00

DOCUMENT # L04000011768	
1. Entity Name MIKE HOLLADAY MASONRY, LLC	

Principal Place of Business 1738 THOMAS STREET NICEVILLE FL 32578 US	Mailing Address P.O. BOX 1551 NICEVILLE FL 32588 US
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2. Principal Place of Business - No P.O. Box # 215 20th st	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Niceville FL	City & State	4. FEI Number 59-3783990	Applied For Not Applicable
Zip 32578	Country US	Zip	Country

1st MOORE CR2E083 (10/06)

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLLADAY, MIKE W 1738 THOMAS STREET NICEVILLE FL 32578	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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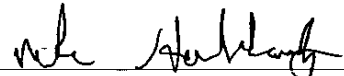
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLADAY, MIKE W 1738 THOMAS STREET NICEVILLE FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Holladay, Mike W 215 20th st Niceville FL 32578 <input checked="" 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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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 Section 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:  4-3-07 850-598-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #