

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90086 029 ****50.00

DOCUMENT # L04000012534

1. Entity Name

MARSHALL SKEEN CONST. LLC



Principal Place of Business

2628 JUNIPER DR.
EDGEWATER FL 32141-5410

Mailing Address

2628 JUNIPER DR.
EDGEWATER FL 32141-5410

2. Principal Place of Business

~~827 26th STREET~~
827 26th STREET

3. Mailing Address

~~827 26th STREET~~
827 26th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW Smyrna Beach, FL

City & State

NEW Smyrna Beach, FL

Zip

32169-3615 VOLUSIA

Country

Zip

32169-3615 VOLUSIA

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKEEN, MARSHALL
2628 JUNIPER DR.
EDGEWATER FL 32141-5410

7. Name and Address of New Registered Agent

Name SKEEN, MARSHALL
Street Address (P.O. Box Number is Not Acceptable)

827 26th St

City New Smyrna Beach, FL

FL

Zip Code 32169-3615

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

Marshall R. Skeen

MARSHALL R. SKEEN (MGR)

JUL 25 05

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

(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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SKEEN, MARSHALL R
STREET ADDRESS 2628 JUNIPER DR.
CITY-ST-ZIP EDGEWATER FL 32141-5410

TITLE MGRM ☐ Delete
NAME SKEEN, JOSHUA M
STREET ADDRESS 2628 JUNIPER DR.
CITY-ST-ZIP EDGEWATER FL 32141-5410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME SKEEN, MARSHALL R.
STREET ADDRESS 827 26th STREET
CITY-ST-ZIP New Smyrna Beach, FL 32169-3615

TITLE MGRM ☒ Change ☐ Addition
NAME SKEEN, JOSHUA M.
STREET ADDRESS 827 26th St
CITY-ST-ZIP New Smyrna Beach, FL 32169-3615

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

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

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

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

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:

Marshall R. Skeen

MARSHALL R. SKEEN 7-20-05 386-214-0521

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

Date

Daytime Phone #