## 2005 LIMITED LIABILITY COMPANY

## May 04, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000016020** 05-04-2005 90048 038 \*\*\*\*50.00 AXIOM CONSTRUCTION GROUP, L.L.C. Principal Place of Business Mailing Address 14016713 101-A BUSINESS CENTRE DR. 101-A BUSINESS CENTRE DR. DESTIN, FL 32550 DESTIN, FL 32550 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 01212005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable 20-1266778 Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEUCHTMAN, GARY B Neese, Herman L. Jr. **501 COMMENDENCIA ST** 101-A Business Centre Drive PENSACOLA, FL 32502 Destin, FL 32550 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 registe SIGNATURE Signature, typed or printed na itle if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE ☐ Defete TITLE ☐ Change Addition Axiom Capital Group, LLC NAME NAME 101-A Business Centre Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Destin, FL 32550 CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

11. I hereby certify that the information supplied with this filling 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.

Authorized Rep.

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

**FILED**