

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90211 006 ****50.00

DOCUMENT # L04000017813

1. Entity Name

R.A.W. CONSTRUCTION, LLC



Principal Place of Business

**1789 WHITEHOUSE ROAD
MONTICELLO, FL 32344
US**

Mailing Address

**1789 WHITEHOUSE ROAD
MONTICELLO, FL 32344
US**

2. Principal Place of Business

1813 Whitehouse Rd

Suite, Apt. #, etc.

3. Mailing Address

1813 Whitehouse Rd

Suite, Apt. #, etc.

City & State

Monticello, FL

Zip *FL 32344*

Country *USA*

City & State

Monticello, FL

Zip *32344*

Country *USA*

4. FEI Number

05-0597917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARGROVE, BRANT L
2984 WELLINGTON CIRCLE WEST
TALLAHASSEE FL 32309**

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

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 **WHITE, DON R**
STREET ADDRESS **P.O. BOX 172**
CITY-ST-ZIP **SCOTTS HILL TN 38374**

TITLE **MGR** ☐ Delete
NAME **MCDERMOTT, SERENA**
STREET ADDRESS **18405 S. ASH**
CITY-ST-ZIP **GARDNER KS 66030**

TITLE **MGR** ☐ Delete
NAME **SHAFFER, MITCHELL W**
STREET ADDRESS **18405 S. ASH**
CITY-ST-ZIP **GARDNER KS 66030**

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

TITLE *General Manager* ☒ Change ☐ Addition
NAME *Shaffer, Serena*
STREET ADDRESS *1813 Whitehouse Rd*
CITY-ST-ZIP *Monticello, FL 32344*

TITLE *Mgr.* ☒ Change ☐ Addition
NAME *Shaffer, Mitchell W.*
STREET ADDRESS *1813 Whitehouse Rd*
CITY-ST-ZIP *Monticello, FL 32344*

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:

Serena McDermott

4-11-05

850-997-6900

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

Date

Daytime Phone #