

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90162 018 ****50.00

DOCUMENT # L04000019799

1. Entity Name

ROBERT HALL CONSTRUCTION, LLC



Principal Place of Business

**5889 AIRPORT ROAD, STE. 1417
PORT ORANGE FL 32128**

Mailing Address

**5889 AIRPORT ROAD, STE. 1417
PORT ORANGE FL 32128**

20011083



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

5889 S. Williamson Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 1419

Suite, Apt. #, etc.

same

City & State

Port Orange FL

City & State

same

4. FEI Number

20-0895384

Applied For

Not Applicable

Zip

32128

Country

USA

Zip

32128

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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

Robert A. Hall

2.10.05

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
HALL, ROBERT A
5889 AIRPORT ROAD, STE. 1417
PORT ORANGE FL 32128**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S. Williamson Blvd
Suite 1419**

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Robert A. Hall

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

Date

Daytime Phone #

386
767
2434
2.10.05