2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State
03-16-2007 90156 048 ****50.00

DOCUMENT # L04000019799

1. Entity Name

ROBERT HALL CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
5889 S. WILLIAMSON BLVD SUITE 1419 PORT ORANGE FL 32128	5889 S. WILLIAMSON BLVD SUITE 1419 PORT ORANGE FL 32128

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite 5889 S. WILLIAMSON BLVD. SUITE 1417
PORT ORANGE, FL 32128

City &

Zip

1st MOORE CR2E083 (10/06)

4. FEI Number 20-0895384 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Name ROBERT A. HALL Street Address (P.O. Box Number is Not Acceptable) 2795 SPRUCE CREEK BLVD. City DAYTONA BEACH, FL Zip Code 32128

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] ROBERT A. HALL 2-13-07
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, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, ROBERT A 5889 S. WILLIAMSON BLVD~~, STE 1419~~ PORT ORANGE FL 32128	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STE 147	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] ROBERT A. HALL 2-13-07 386-767-2434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #