

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000023182

1. Entity Name  
PERRY CONSTRUCTION AND SIDING, L.L.C.



05 AUG 17 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08162005 Chg-LLC CR2E083 (10/03)

Principal Place of Business  
3926 WIGGINGTON ROAD  
TALLAHASSEE, FL 32303

Mailing Address  
3926 WIGGINGTON ROAD  
TALLAHASSEE, FL 32303

2. Principal Place of Business  
3843 Wigginton Rd  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

City & State  
Tall Fla 32303  
Zip  
32303

City & State  
Tall Fla  
Zip  
32303

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

FERNANDEZ, ROBERT  
3823 WIGGINGTON ROAD  
TALLAHASSEE, FL 32303

## 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

Filing Fee is \$50.00  
Due by September 7, 2005

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PERRY, MICHAEL A  
3926 WIGGINGTON ROAD  
TALLAHASSEE, FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BYRUM, ROCKY LEE J  
3870 BALLARD ROAD  
TALLAHASSEE, FL 32305 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BISHOP, FRANK ELLIOT  
2650 HASTINGS DRIVE  
TALLAHASSEE, FL 32303 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4000526993 ☒ Change ☐ Addition  
08/17/05--01004--014 \*\*220.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
William R Byrum ☐ Change ☒ Addition  
3870 Ballard Rd  
Tall Fla 32305

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

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

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 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:

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

8-17-05

Date

Daytime Phone #