


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000025254 1. Entity Name BECK'S REMODELING & CONSTRUCTION, LLC	
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Principal Place of Business 312 VAUGHAN ST NW FORT WALTON BEACH, FL 32548 US	Mailing Address P.O. BOX 2035 FORT WALTON BEACH, FL 32549 US
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04212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3123924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BECK, ROBERT W 312 VAUGHAN ST NW FORT WALTON BEACH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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

N/A
Signature, typed or printed name of registered agent and title if applicable.

N/A
(NOTE: Registered Agent signature required when reinstating)

N/A
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECK, ROBERT W 312 VAUGHAN ST NW FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECK, LYNN K 312 VAUGHAN ST NW FORT WALTON BEACH, FL 32548
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000000032415
05/22/08-80055-007 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *LYNN K. Beck (Lynn K. Beck)*
R.W. Beck (Robert W. Beck)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/08 850-830-3535
4/21/08 850-830-3535