


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90426 006 ****50.00

DOCUMENT # L04000026985	
1. Entity Name JOHN COX CONSTRUCTION, LLC	

Principal Place of Business 5059 BONE CREEK ROAD HOLT FL 32564	Mailing Address 5059 BONE CREEK ROAD HOLT FL 32564
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2. Principal Place of Business 5059 BONECK Rd Suite, Apt. #, etc.	3. Mailing Address 5059 BONECK Rd Suite, Apt. #, etc.
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City & State Holt FL	City & State Holt FL
Zip 32564	Country OKALOOSA



1st MOORE CR2E083 (10/05)

4. FEI Number 65-1248916	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COX, JOHN E 5059 BONE CREEK ROAD HOLT FL 32564	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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, 2006	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COX, JOHN E 5059 BONE CREEK ROAD HOLT FL 32564 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  1-24-06 850-537-4618