

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90021 005 ****50.00

DOCUMENT # L04000028022

1. Entity Name

CHANDLER'S CONSTRUCTION, LLC



Principal Place of Business

2121 JUNIPAR LAKE RD
DEFUNIAK SPGS FL 32433
US

Mailing Address

2121 JUNIPAR LAKE RD
DEFUNIAK SPGS FL 32433
US



2. Principal Place of Business

Chandler Co. LLC

Suite, Apt. #, etc.

761 Rockman Lane

City & State

DeFuniak Spgs Fla

Zip
32433

Country

Walton

3. Mailing Address

Chandler Co. LLC

Suite, Apt. #, etc.

761 Rockman Lane

City & State

DeFuniak Spgs. Fla

Zip
32433

Country

Walton

1st MOORE

CR2E083 (10/05)

4. FEI Number

34-1989302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, DENNIS E SR
2121 JUNIPER LAKE RD
DEFUNIAK SPGS FL 32433

7. Name and Address of New Registered Agent

Name: Chandler, Dennis E
Street Address (P.O. Box Number is Not Acceptable):
761 Rockman Lane

City: DeFuniak Spgs Fla. FL Zip Code: 32433

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: CHANDLER, DENNIS R SR
STREET ADDRESS: 2121 JUNIPER LAKE RD
CITY-ST-ZIP: DEFUNIAK SPGS FL 32433 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: MGR ☒ Change ☐ Addition
NAME: Chandler, Dennis E SR
STREET ADDRESS: 761 Rockman Lane
CITY-ST-ZIP: DEFUNIAK SPGS FL 32433

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

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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: Dennis Chandler E

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