

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90050 040 ****50.00

DOCUMENT # L04000028176	
1. Entity Name AGAR CONSTRUCTION SERVICES L.L.C.	



Principal Place of Business 1130 W. NINE MILE ROAD, SUITE 406 PENSACOLA, FL 32534	Mailing Address 1130 W. NINE MILE ROAD, SUITE 406 PENSACOLA, FL 32534
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2. Principal Place of Business 5529 W. JACKSON ST.	3. Mailing Address 5529 W. JACKSON ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PENSACOLA, FLA.	City & State PENSACOLA, FLA.
Zip 32506	Zip 32506
Country	Country

6. Name and Address of Current Registered Agent CLARK AGAR, DAVID 1130 W. NINE MILE ROAD, SUITE 406 PENSACOLA, FL 32534	
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7. Name and Address of New Registered Agent Name DAVID CLARK AGAR Street Address (P.O. Box Number is Not Acceptable) 5529 W. JACKSON ST. City PENSACOLA FL Zip Code 32506	
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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 _____	DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK AGAR, DAVID 1130 W. NINE MILE ROAD, SUITE 406 PENSACOLA, FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5529 W. JACKSON ST. PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENISE AGAR, JERRI 1130 W. NINE MILE ROAD, SUITE 406 PENSACOLA, FL 32534 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 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: DAVID C. AGAR	Date: 04/15/05
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE