2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 16, 2006 8:00 am Secretary of State DOCUMENT # L04000028314 03-01-2006 90222 034 ****55.00 J.W.KIESEL CONSTRUCTION LLC Principal Place of Business Mailing Address P.O.BOX 6562 FORT MYERS FL 33911 1308 DONNA DR. FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For City & State 56-2498324 Not Applicable \$5.00 Additional Zio Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIESEL, JEFFREY W 1308 DONNA DR. Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33919 City 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 Squature, typing or ormited nome of registered registral and title of suppleasing (NOTE: Registered Agont signature required when remstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Change THE ☐ Detete TITLE ☐ Addition MGR NUMB KIESEL, JEFFREY W STREET ADDRESS STREET ADDRESS 1308 DONNA DR. CITY-ST-ZIP CITY-SI-ZIP FORT MYERS FL 33919 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIRE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 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 employment to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2006

J.W.KIESEL CONSTRUCTION LLC P.O.BOX 6562 FORT MYERS, FL 33911 US

Subject: J.W.KIESEL CONSTRUCTION LLC

Reference Number:

L04000028314

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION