

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90043 046 \*\*\*\*50.00

**DOCUMENT # L04000038283**

1. Entity Name

K.C. BUILDING & REMODELING L.L.C.



Principal Place of Business

9130 SANDRA GRACE RD  
SOUTH PORT FL 32409

Mailing Address

P.O. BOX 1116  
LYNN HAVEN FL 32444



2. Principal Place of Business

231 N. BAY COURT

Suite, Apt. #, etc.

3. Mailing Address

231 N. BAY COURT

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

LYNN HAVEN, FL

City & State

LYNN HAVEN, FL

4. FEI Number

20-1263922

Applied For

Not Applicable

Zip

32444

Country

Zip

32444

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARTER, KEVIN  
9130 SANDRA GRACE RD  
SOUTH PORT FL 32409

7. Name and Address of New Registered Agent

Name

KEVIN CARTER

Street Address (P.O. Box Number is Not Acceptable)

231 N. BAY COURT

City

LYNN HAVEN

FL

Zip Code

32444

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

4-28-06

**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 ☐ Delete  
NAME CARTER, KEVIN  
STREET ADDRESS 9130 SANDRA GRACE RD  
CITY-ST-ZIP SOUTH PORT FL 32409

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME KEVIN CARTER  
STREET ADDRESS 231 N. BAY COURT  
CITY-ST-ZIP LYNN HAVEN, FL 32444

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 empowered to prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

KEVIN CARTER

4-28-06

850.814.3476

Date

Daytime Phone #