

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000039104

1. Entity Name

BOTELLE BUILDERS, LLC



Principal Place of Business

**635 SW ALL AMERICAN BLVD.
PALM CITY FL 34990**

Mailing Address

**P.O. BOX 1138
PALM CITY FL 34990**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1287733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOTELLE, THOMAS
635 SW ALL AMERICAN BLVD.
PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
BOTELLE, THOMAS
P.O. BOX 1138
PALM CITY FL 34991**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

**U00000569829
07/13/06-80005-001 50.00**

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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: *Thomas Botelle*

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

6/1/06 (772) 215-2514

Date

Daytime Phone #