2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 20, 2007 8:00 am
Secretary of State
08-06-2007 90056 016 ****50.00

DOCUMENT # L04000041010

1. Entity Name
WAYNE ZEIGLER CONSTRUCTION L.L.C.

Principal Place of Business	Mailing Address
600 DOMENICO CIR UNIT C-7 SAINT AUGUSTINE FL 32086	600 DOMENICO CIR UNIT C-7 SAINT AUGUSTINE FL 32086

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
346 ROSA CT.	346 Rosa Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: St. Augustine FL.	City & State: St. Augustine FL.
Zip: 32086 Country: USA	Zip: 32086 Country: USA

2nd MOORE CR2E083 (4/07)

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEIGLER, WAYNE
600 DOMENICO CIR
UNIT C-7
SAINT AUGUSTINE FL 32086

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 ______________________ 8/15/7
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 September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	ZEIGLER, WAYNE		NAME	ZEIGLER WAYNE	ADDRESS ONLY
STREET ADDRESS	600 DOMENICO CIR UNIT C-7		STREET ADDRESS	346 ROSA Ct.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086		CITY-ST-ZIP	St. Augustine FL. 32086	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: ______________________ 8/15/7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #