2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State
03-04-2005 90016 021 ****50.00

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1. Entity Name
DAVID H SANDERS CONTRACTING LLC

2U010180

Principal Place of Business	Mailing Address
4577 SW 103RD ST RD OCALA, FL 34476 US	P O BOX 772413 OCALA, FL 34477 US

02232005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4126 CASTLE AVE		PO BOX 6006	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SPRING HILL FL		City & State: SPRING HILL FL	
Zip: 34609	Country: HERNANDO	Zip: 34609-6006	Country: HERNANDO

4. FEI Number 73-1706964 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, DAVID H JR
4577 SW 103RD ST RD
OCALA, FL 34476

7. Name and Address of New Registered Agent

Name: SANDERS, DAVID H JR
Street Address (P.O. Box Number is Not Acceptable): 4126 CASTLE AVE
City: SPRING HILL FL Zip Code: 34609

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 ______________ 2-22-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	SANDERS, DAVID H JR		NAME	SANDERS, DAVID H JR	
STREET ADDRESS	4577 SW 103RD ST RD		STREET ADDRESS	4126 CASTLE AVE	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	SPRING HILL FL 34609	
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 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: ______________ 2-22-05 352-266-4087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #