FILED
May 09, 2005 8:00 am
Secretary of State
04-13-2005 90217 023 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

30005850

[redacted]

02072005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000047311

1. Entity Name
ROBERT ADKINS LLC

Principal Place of Business	Mailing Address
17855 NE 24TH TERR CITRA, FL 32113 US	17855 NE 24TH TERR CITRA, FL 32113 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — Applied For / ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

ADKINS, ROBERT G
17855 NE 24TH TERR
CITRA, FL 32113

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

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADKINS, ROBERT G 17855 NE 24TH TERR CITRA, FL 32113	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 2-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

30005850
#L040000473117

AFFIDAVIT OF INDEPENDENT CONTRACTOR STATUS

This Affidavit must be signed and notarized by all subcontractors

ATTACHMENT ATTACHMENT

I, the undersigned subcontractor, after being sworn, state as follows:

1. I am over the age of 18 years.

2. I swear and attest that I am an independent contractor, and that I meet the requirements of Section 440.02 (14)(d), as indicated below:

a. I maintain a separate business with my own work facility, truck, equipment, materials, or similar accommodations; b. I hold or have applied for a federal employer identification number, or I am the sole proprietor who is not required to obtain a federal employer identification number under the state or federal requirements; c. I perform or agree to perform specific services or work for specific amounts of money and control the means of performing the services or work; d. I incur the principal expenses related to the services or work that I perform or agree to perform; e. I am responsible for the satisfactory completion of work or services that I perform or agree to perform and could be held liable for a failure to complete the work or services; f. I receive compensation for work or services performed for a commission or on a per-job competitive-bid basis and not on any other basis; g. I may realize a profit or suffer a loss in connection with performing work or services; h. I have continuing or recurring business liabilities or obligations; and i. The success or failure of my business depends on the relationship of business receipts to expenditures.

STATE OF FLORIDA
COUNTY Macon

The foregoing instrument was sworn to and acknowledge before me this 28 day of March 2005 by Robert Adkins, who is personally known to me or who has produced Driver Lic. as identification and who did take an oath. A325-767-58-010-0

Nadya R Green
Name (typed, printed, or stamped)

Nadya R Green
Title or rank

Commission expires on 1-2007

NADYA R. GREEN
Commission # DD0178192
Expires 1/20/2007
Bonded through
(800-432-4254) Florida Notary Assn., Inc.

(This Affidavit can be duplicated)