

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90217 023 ****50.00

DOCUMENT # L04000047311 1. Entity Name ROBERT ADKINS LLC					
Principal Place of Business 17855 NE 24TH TERR CITRA, FL 32113 US			Mailing Address 17855 NE 24TH TERR CITRA, FL 32113 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 02072005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☒ Not Applicable	
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		DATE	
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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: 2-7-05 Daytime Phone #	

30005850



AFFIDAVIT OF INDEPENDENT CONTRACTOR STATUS

This Affidavit must be signed and notarized by all subcontractors

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.

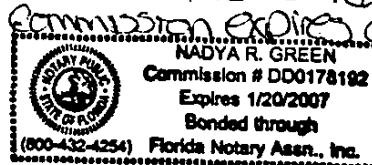
STATE OF FLORIDA

COUNTY Madison

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



(This Affidavit can be duplicated)