2006 LIMITED LIABILITY COMPANY-ANNUAL REPORT (AR)

May 08, 2006 8:00 am Secretary of State DOCUMENT # L04000048208 1. Entity Name 05-08-2006 90037 037 ****50.00 SANDERS CONSTRUCTION SERVICES, LLC Mailing Address Principal Place of Business 7651 NE 128TH LANE BRONSON FL 32621 P.O. BOX 574 BRONSON FL 32621 2. Principal Place of Business 3. Mailing Address 12391 NE 75TH Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) P.O. BOX City & State Applied For City & State 80-0124931 BRONSON Not Applicable <u>Bronson</u> Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32621 32621 4 CC Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDERS 146464 Street Address (P.O. Box Number is Not Acceptable) SANDERS, KELLY 7651 NE 128TH LANE **BRONSON FL 32621** Zip Code 3262 BROUSON 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. -21 MANAGER (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGE TITLE MGR Delete TITLE Change ☐ Addition SANDERS KELLY NAME NAME SANDERS, KELLY 12391 NE 75TH AVE STREET ADDRESS STREET ADDRESS 7651 NE 128TH LANE CITY-ST-ZIP CITY-ST-ZIP BRONSON FL 32621 BRONSON FO Change ☐ Addition TITLE MGRM Delete TITLE May Kitherine Correll 12391 NE 75 th AVE NAME MARY KATHERINE CARROLL SANDERS STREET ADDRESS STREET ADDRESS 7651 NE 128TH LANE CITY-ST- ZIP CITY-ST-ZIP **BRONSON FL 32621** Bronson Fl 3262 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

Daytime Phone #