

2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 SEP 17 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY  
COMPANY

ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000053509

1. Limited Liability Company's Name

J &amp; T Construction, LLC

2. Principal Office Address - No P.O. Box #

2100 W. Beach Dr.

Suite, Apt. #, etc.

Unit O-101

City &amp; State

Panama City FL

Zip

32401

Country

USA

3. Mailing Office Address

2100 W. Beach Dr.

Suite, Apt. #, etc.

Unit O-101

City &amp; State

Panama City, FL

Zip

32401

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

07/20/2004

6. FEI Number

134282783

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required  
for a Certificate of Status

## 8. Name and Address of Current Registered Agent

Name

William L Kilby

Street Address (P.O. Box Number is Not Acceptable)

2100 W Beach Dr

Suite, Apt. #, Etc.

Unit: O-101

City

Panama City

State

FL

Zip Code

32401

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date 09/11/2008

REGISTERED AGENT MUST SIGN

## 10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| MGRM   | William L. Kilby                     | 2100 W. Beach Dr. Unit O-101                      | Panama City, FL 32401 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date 09/11/2008

Daytime Phone # 317-501-2181

Typed or printed name of signing Managing Member/Manager

William L Kilby