2006 LIMITED LIABILITY COMPANY

Jan 19, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L04000054510 01-19-2006 90014 010 ****50.00 PANHANDLE INTERIOR CONTRACTORS, LLC Principal Place of Business Mailing Address 1703 15TH STREET P. O. BOX 1783 NICEVILLE, FL 32578 NICEVILLE, FL 32588 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number 20-1412446 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RONE, TOMMY W Street Address (P.O. Box Number is Not Acceptable) 1703 15TH STREET NICEVILLE, FL 32578 Zip Code City 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Change ■ Addition TITLE ☐ Delete RONE, TOMMY W NAME NAME 1703 15TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 CITY-ST-ZIP Delete TITLE FITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ... Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 eliver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information indicated on this report is true a limited liability company or the

TOMMY ROPE

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

850-729-1703

Daytime Phone #