2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 08, 2005 8:00 am
Secretary of State
05-04-2005 90035 010 ****50.00

DOCUMENT # L04000065320

1. Entity Name

ROBERT COLLINS CONSTRUCTION LLC

38009032

Principal Place of Business	Mailing Address
201 DUNSCOMBE RD STUART FL 34996	201 DUNSCOMBE RD STUART FL 34996

1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
1955 Palm City Rd		1955 Palm City Rd	
Suite, Apt. #, etc.: Suite 28F		Suite, Apt. #, etc.: Suite 28F	
City & State: Stuart Fl		City & State: Stuart Fl	
Zip: 34994	Country: Martin	Zip: 34994	Country: Martin

4. FEI Number: 61-1475965 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHERLOCK, VIRGINIA P 618 EAST OCEAN BLVD., ST 5 STUART FL 34994	Name: Robert Collins Street Address (P.O. Box Number is Not Acceptable): 1955 Palm City Rd Suite 28 F City: Stuart FL Zip Code: 34994

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: Robert Collins 4-24-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS, ROBERT 201 DUNSCOMBE STUART FL 34996	☐ 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: Robert Collins 4-24-05 1-772-283-4957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #