

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90011 015 ****50.00

DOCUMENT # L04000069305

1. Entity Name

SHELDON FOGG CONSTRUCTION SERVICES LLC



Principal Place of Business

1645 DUNLAWTON AVE.
APT. # 2422
PORT ORANGE FL 32127

Mailing Address

1645 DUNLAWTON AVE.
APT. # 2422
PORT ORANGE FL 32127

2. Principal Place of Business

5508 LANCEWOOD CIR
Suite, Apt. #, etc.

3. Mailing Address

5508 LANCEWOOD CIR
Suite, Apt. #, etc.

City & State

Port Orange FL
Zip 32127 Country USA

City & State

Port Orange FL
Zip 32127 Country USA

4. FEI Number

84-1656652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOGG, SHELDON B
1645 DUNLAWTON AVE
APT. # 2422
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

Sheldon B Fogg

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

5508 LANCEWOOD CIRCLE N

Port Orange

FL

Zip Code 32127

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME FOGG, SHELDON B.
STREET ADDRESS 1645 DUNLAWTON AVE, # 2422
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 5508 LANCEWOOD CIRCLE N
CITY-ST-ZIP Port Orange FL 32127 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #