

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90018 003 ****50.00

DOCUMENT # L04000070826

1. Entity Name

ACTION DESIGN AND CONSTRUCTION, LLC



Principal Place of Business

2810 REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308

Mailing Address

PO BOX 15064
TALLAHASSEE FL 32317

2. Principal Place of Business

2810 Remington Green

3. Mailing Address

P.O. Box 15064

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32308

Country

USA

Zip

32317

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, HARRY O
RADEY THOMAS YON & CLARK, P.A.
~~313 NORTH MONROE STREET, SUITE 200~~
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Thomas Harry O
Street Address (P.O. Box Number is Not Acceptable)
Radey Thomas Yon & Clark
301 S. Bronough St Suite #200
City Tallahassee FL Zip Code 32301

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	Member	<input type="checkbox"/> Delete
NAME	James G. Conner	
STREET ADDRESS	201 Weldon Rd.	
CITY-ST-ZIP	Quincy FL 32352	
TITLE	member	<input type="checkbox"/> Delete
NAME	William Jeffery West	
STREET ADDRESS	Millers Bridge Rd.	
CITY-ST-ZIP	Tallahassee FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

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

2-10-05 855/569-4399

Date

Daytime Phone #