

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90039 035 ****50.00

DOCUMENT # L04000070826

1. Entity Name

ACTION DESIGN AND CONSTRUCTION, LLC



Principal Place of Business

2418-4 MILL CREEK CT
SUITE 4
TALLAHASSEE FL 32308

Mailing Address

PO BOX 15064
TALLAHASSEE FL 32317



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

26-0097178

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

301 S. Brownough St Suite 200

City

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, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MGRM	CONNER, JAMES G	201 WELDON ROAD QUINCY FL 32352	<input type="checkbox"/> Delete		4630 Whitetail Pass Tallahassee FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	MGRM	WEST, WILLIAM J	MILLERS BRIDGE ROAD TALLAHASSEE FL 32312	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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 #

3/5/07 850/509-4399