

8/2/2005-90005-040-\$55.00-\$55.00

FILED

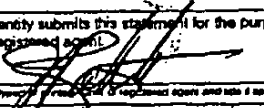
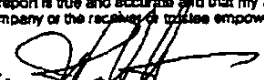
2605 OCT 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CP2E083 (10/04)

DOCUMENT # L04000071541						FILED	
1. Entity Name SUMMIT BUILDERS L.L.C.				2005 OCT 17 PM 12:17			
Principal Place of Business 1347 EL SERENO PLACE GULF BREEZE FL 32563				Mailing Address 1347 EL SERENO PLACE GULF BREEZE FL 32563			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. Fee Number 84-1306421				Applied For ☒ Not Applicable			
5. Certificate of Status Desired ☒				5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBERTS, JOSEPH B OWNER 11347 EL SERENO PLACE GULF BREEZE FL 32563				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL _____ Zip Code _____			
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  DATE 01 May 2005 Signature, Name, and Title of Registered Agent and Date of Signature (NOTE: Registered Agent signature required when reissuing)							
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 ☐ Delete NAME MANAGING MEMBER STREET ADDRESS JOSEPH B. ROBERTS CITY- ST- ZIP 1347 EL SERENO PLACE GULF BREEZE, FL 32563				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP			
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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:  DATE 1840605 8509328435 SIGNATURE AND PRINTED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							