

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 23 AM 8:52

DOCUMENT # L04000072461

1. Entity Name  
R.D.A. CONSTRUCTION, L.L.C.



Principal Place of Business  
4711 34TH STREET NORTH, UNIT D  
ST. PETERSBURG, FL 33714

Mailing Address  
4711 34TH STREET NORTH, UNIT D  
ST. PETERSBURG, FL 33714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05012006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-1718305

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M ESQ.  
C/O O'CONNOR & ASSOCIATES  
2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FL 33764

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE **B MGR** ☐ Delete  
NAME GAUDINEER, JON  
STREET ADDRESS 4711 34TH STREET NORTH SUITE D  
CITY-ST-ZIP SAINT PETERSBURG, FL 33714

TITLE **B MGR** ☐ Delete  
NAME MAYHEW, MICHAEL W  
STREET ADDRESS 4711 84TH STREET NORTH SUITE D  
CITY-ST-ZIP SAINT PETERSBURG, FL 33714

TITLE **MANAGER** ☐ Delete  
NAME FRANK MARINELLI  
STREET ADDRESS 4126 WHISPERWOOD DRIVE  
CITY-ST-ZIP CLEARWATER FL 33762

TITLE **MANAGER** ☐ Delete  
NAME JACK OBERDINE  
STREET ADDRESS 2555 HERON LANE NORTH  
CITY-ST-ZIP CLEARWATER FL 33762

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 800075093368  
STREET ADDRESS 05/23/06--01030--003 \*\*\*488.75  
CITY-ST-ZIP

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.

SIGNATURE:

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

5/1/06

Date

Daytime Phone #

727-525-  
5045