

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90063 047 ****50.00

DOCUMENT # L04000074361

1. Entity Name
F.M. GENERAL CONTRACTORS, LLC



Principal Place of Business
**14136 NE 52ND PLACE ROAD
SILVER SPRINGS, FL 34488**

Mailing Address
**14136 NE 52ND PLACE ROAD
SILVER SPRINGS, FL 34488**

2. Principal Place of Business
1805 10TH PLACE

3. Mailing Address
1805 10TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VERO BEACH FLA.

City & State
VERO BEACH, FL.

Zip
32960

Country
INDIAN RIVER

Zip
32960

Country
INDIAN RIVER

03012006 Chg-LLC CR2E083 (11/05)

4. FEI Number
16-1708355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAIO, FRANK
14136 NE 52ND PLACE ROAD
SILVER SPRINGS, FL 34488**

7. Name and Address of New Registered Agent

Name
MAIO, FRANK

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

1805 10TH PLACE

City
VERO BEACH

FL

Zip Code
32960

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MAIO, FRANK
14136 NE 52ND PLACE ROAD
SILVER SPRINGS, FL 34488** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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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 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 608, Florida Statutes.

SIGNATURE: *Frank Maio* **MANAGER**

4-1-06 (772) 728-6867

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

Date

Daytime Phone #