

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90091 045 ****50.00

DOCUMENT # L04000077341

1. Entity Name

EAST COAST CONTRACTORS, LLC



Principal Place of Business

**605 N SEGRAVE AVE SUITE C-4
DAYTONA BEACH FL 32114
US**

Mailing Address

**605 N SEGRAVE AVE SUITE C-4
DAYTONA BEACH FL 32114
US**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

City & State

4. FEI Number

56-2485677

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

**ORR-ANTHONY, TIJUANA
1112 EDITH DRIVE
DAYTONA BEACH FL 32117-3935**

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

Or Anthony

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

(NOTE: Registered Agent signature required when reinstating)

7/19/05

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 **MGR** ☐ Delete
NAME **ANTHONY, NATHANIEL T**
STREET ADDRESS **1112 EDITH DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32117-3935**

TITLE **MGR** ☐ Delete
NAME **ORR-ANTHONY, TIJUANA**
STREET ADDRESS **1112 EDITH DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32117-3935**

TITLE **MGR** ☐ Delete
NAME **WASHINGTON, GARY J**
STREET ADDRESS **1245 SUNSET BLVD**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE **MGR** ☒ Change ☐ Addition
NAME **GARY J. WASHINGTON**
STREET ADDRESS **1007 INDIAN OAKS EAST**
CITY-ST-ZIP **Holly Hill, FL 32117**

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 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:

Or Anthony

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

7/19/05 (386) 252-5718

Date

Daytime Phone #