

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000080080

1. Entity Name
PRO BUILT HOMES LLC



FILED

06 SEP 15 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2910 KERRY FOREST PKWY
D4-128
TALLAHASSEE, FL 32309

Mailing Address
2910 KERRY FOREST PKWY
D4-128
TALLAHASSEE, FL 32309

PK

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09142006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-5551930**
APPLIED FOR

Applied For
Not Applicable

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

RAGHEB, GEORGE
2910 KERRY FOREST PKWY D4-128
TALLAHASSEE, FL 32309

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 September 15, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PELHAM, JOHN SHANNON
STREET ADDRESS 2910 KERRY FOREST PKWY D4-128
CITY - ST - ZIP TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition
NAME **700080043387**
STREET ADDRESS **09/21/06--01061--004 **50.00**
CITY - ST - ZIP

TITLE MGRM ☐ Delete
NAME RAGHEB, GEORGE
STREET ADDRESS 2910 KERRY FOREST PKWY D4-128
CITY - ST - ZIP TALLAHASSEE, FL 32309

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

TITLE ☐ Delete
NAME
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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #