

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90016 028 ****50.00

DOCUMENT # L04000080607

1. Entity Name

PATRIOT CONSTRUCTION SERVICES, LLC



Principal Place of Business

**52 BAY MAGNOLIA LANE
SANTA ROSA BEACH, FL 32459**

Mailing Address

**52 BAY MAGNOLIA LANE
SANTA ROSA BEACH, FL 32459**



04072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1846993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~CONGLETON BRAD~~ **CHARLA CARR**
~~50 UPTOWN GRAYTON CIRCLE #15~~ **P.O. BOX 5141**
~~SANTA ROSA BEACH, FL 32459~~ **DESTIN, FL 32540**

**DO NOT WRITE
IN THIS SPACE**

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 obligation 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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LARSON, MICHAEL R
52 BAY MAGNOLIA LANE
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LARSON, KAREN H
52 BAY MAGNOLIA LANE
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

30 April 2006 **850/267-0083**