

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081394

FILED
Sep 06, 2005
Secretary of State

Entity Name: HEALY & PETERS CONSTRUCTION L.L.C.

Current Principal Place of Business:

998 FAY DR.
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

PO BOX 2862
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: ☐ **FEI Number Applied For (X)** ☐ **FEI Number Not Applicable ()** ☐ **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PETERS, ELEANOR A
998 FAY DR.
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PETERS, ALDEN G
Address: PO BOX 2862
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGR () Delete
Name: HEALY, GARY
Address: PO BOX 2862
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRM () Delete
Name: PETERS, ELEANOR A
Address: PO BOX 2862
City-St-Zip: FORT WALTON BEACH, FL 32549

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALDEN PETERS

MGR

09/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date