

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000082556

1. Entity Name  
ACE MASONARY, LLC



Principal Place of Business  
911 S.W. 3RD STREET  
HAVANA, FL 32333

Mailing Address  
911 S.W. 3RD STREET  
HAVANA, FL 32333

FILED

06 SEP 13 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
56-2490046

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DAWN D  
911 S.W. 3RD STREET  
HAVANA, FL 32333

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 obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/11/06  
DATE

Filing Fee is \$50.00  
Due by September 15, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILLIAMS, DAWN D
STREET ADDRESS	911 S.W. 3RD STREET
CITY-ST-ZIP	HAVANA, FL 32333
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	

FF \$50  
insf. fund fee \$15.00  
CUS 5.00

up 9/14

DO NOT WRITE  
IN THIS SPACE

200079815152  
09/14/06--01022--007 \*\*75.00

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

Date

9/11/06 850-212-6480  
Daytime Phone #