

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**

**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000084264**

1. Entity Name

KORT MASONRY, LLC



Principal Place of Business

6083 C.R. 214  
KEYSTONE HEIGHTS FL 32656

Mailing Address

6083 C.R. 214  
KEYSTONE HEIGHTS FL 32656



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-2192038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEWELL, PAUL D JR.  
260A LAWRENCE BLVD.  
SUITE 201  
KEYSTONE HEIGHTS FL 32656

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
MGRM  
KORT, PETER J  
STREET ADDRESS  
6083 C.R. 214  
CITY- ST- ZIP  
KEYSTONE HEIGHTS FL 32656

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition  
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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE NAME ☐ 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 Section 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:

*Peter J KORT*

Peter J KORT

04/28/08

386-546-5873

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

Date

Display Phone