

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000086006**

**Entity Name**  
**STACY BROXTON'S CONSTRUCTION, LLC**



**Principal Place of Business**  
**2236 PATEPOND RD**  
**CARYVILLE, FL 32427 US**

**Mailing Address**  
**2236 PATEPOND RD**  
**CARYVILLE, FL 32427 US**

**DO NOT WRITE IN THIS SPACE**

**( L04000086006C )**

01072006 No Chg-LLC

CR2E083 (11/05)

**4. FEI Number**  
**NOT APPLICABLE**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BROXTON, STACY**  
**2236 PATE POND RD**  
**CARYVILLE, FL 32427**

**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, 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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>BROXTON, STACY</b> <b>2236 PATE POND RD</b> <b>CARYVILLE, FL 32427</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>BROXTON, H J</b> <b>2236 PATE POND RD</b> <b>CARYVILLE, FL 32427</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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02/17/06-80042-016 55.00

**DO NOT WRITE  
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:**

*Stacy Broxton*

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

Date

Daytime Phone #