

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000087515

1. Entity Name
LAY-RITE MASONRY LLC



Principal Place of Business
2600 FORMOSA AVENUE
ORLANDO, FL 32814

Mailing Address
2600 FORMOSA AVENUE
ORLANDO, FL 32814



04252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2892151

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ILIFFE, ANDREW J
2600 FORMOSA AVENUE
ORLANDO, FL 32814

**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

TITLE MGR
NAME ILIFFE, ANDREW J
STREET ADDRESS 2600 FORMOSA AVENUE
CITY-ST-ZIP ORLANDO, FL 32814

TITLE MGR
NAME ILIFFE, EDWARD J
STREET ADDRESS 453 QUAIL HILL DR.
CITY-ST-ZIP DEBARY, FL 32713

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05/09/06-80092-014 50.00

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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 #

4/25/06 321-229-2813