

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90013 025 ****50.00

DOCUMENT # L04000090864

1. Entity Name

S & K FRAMING LLC



Principal Place of Business

**11696 STEELEFIELD RD
VERNON FL 32462
US**

Mailing Address

**11696 STEELEFIELD RD
VERNON FL 32462
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-2010355

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOERNER, KEVIN T
11696 STEELEFIELD RD
VERNON FL 32462**

7. Name and Address of New Registered Agent

Name **Tilley, KARL S.**

Street Address (P.O. Box Number is Not Acceptable)

11696 SteeleField Rd

City **VERNON**

FL

Zip Code **32462**

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

Karl S Tilley

2-6-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE ☒ Delete
NAME **MGRM**
STREET ADDRESS **KOERNER, KEVIN T**
CITY-ST-ZIP **11696 STEELEFIELD RD
VERNON FL 32462**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **TILLEY, KARL S**
CITY-ST-ZIP **11696 STEELEFIELD RD
VERNON FL 32462**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **WILLIAMS, SAMUEL**
CITY-ST-ZIP **2615 ALLISON AVE
PANAMA CITY BEACH FL 32408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **KEN MINOR**
STREET ADDRESS **1906 ANNE AVE LOT B**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32407**

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

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

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

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

TITLE ☐ 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:

Karl S Tilley

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

Date

Daytime Phone #