

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90056 025 \*\*\*\*50.00

**DOCUMENT # L04000093925**

1. Entity Name  
**GULF COAST COMMERCIAL CONTRACTORS, LLC.**



40058406

Principal Place of Business  
**6249 PRESIDENTIAL COURT  
SUITE D  
FORT MYERS, FL 33919 US**

Mailing Address  
**6249 PRESIDENTIAL COURT  
SUITE D  
FORT MYERS, FL 33919 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite F**

Suite, Apt. #, etc.

**Suite F**

City & State

City & State

Zip

Country

Zip

Country

04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-2079330**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**SOUTHWEST PROFESSIONAL SERVICES OF S FL IN  
13571 MCGREGOR BLVD #22  
FORT MYERS, FL 33919**

## 7. Name and Address of New Registered Agent

Name

**Alan K. Schubert**

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

**6249 Presidential Court, Suite F**

City

**FL Myers**

FL

Zip Code

**33919**

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

**Alan K. Schubert**

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

(NOTE: Registered Agent signature required when reinstating)

**4/19/06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SCHUBERT, ALAN  
17940 CASTLE HARBOR DR  
FORT MYERS, FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
LANEY, MICHEAL C.  
610 MIRROR LAKES DR  
LEHIGH ACRES, FL 33936** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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## 10. ADDITIONS/CHANGES

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

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CITY - ST - ZIP  
☐ Change ☐ Addition

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:

**Alan K. Schubert**

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

**4/19/06**

Date

Daytime Phone #

(239) 267-

**0800**