

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90065 004 \*\*\*\*50.00

**DOCUMENT # L05000006794**

1. Entity Name

**RON HOBBS CARPENTRY LLC**



Principal Place of Business

**116 HAZELWOOD RIVER RD  
EDGEWATER FL 32141**

Mailing Address

**116 HAZELWOOD RIVER RD  
EDGEWATER FL 32141**

2. Principal Place of Business

**EDGEWATER**

3. Mailing Address

**116 HAZELWOOD RIVER RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**EDGEWATER FL**

City & State

**EDGEWATER FL**

Zip

**32141**

Country

**USA FLORIDA**

Zip

**32141**

Country

**USA**

4. FEI Number

**20-2175024**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

**HOBBS, RONALD  
116 HAZELWOOD RIVER RD  
EDGEWATER FL 32141**

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

*Ronald J Hobbs*

**6-29-06**

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 **MGRM** ☐ Delete  
NAME **HOBBS, RONALD**  
STREET ADDRESS **116 HAZELWOOD RIVER RD**  
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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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:** *Ronald J Hobbs*

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

**6-29-06**

Date

Daytime Phone #