

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000045556**

1. Entity Name  
**VOLZ CONSTRUCTION AND CONSULTING, LLC**



Principal Place of Business  
**33 EAST MCIVER ST.  
MACCLENNY, FL 32063**

Mailing Address  
**33 EAST MCIVER ST.  
MACCLENNY, FL 32063**



04262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3123888**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**SMITH HULSEY & BUSEY  
225 WATER STREET, SUITE 1800  
JACKSONVILLE, FL 32202**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	VANCE, LEE J
STREET ADDRESS	2206 IPSWITCH DRIVE
CITY-ST-ZIP	THOMPSONS STATION, TN 37179
TITLE	MGRM
NAME	RHODEN, TINA M
STREET ADDRESS	515 SOUTH 6TH STREET
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	MGRM
NAME	VOLZ, THOMAS C
STREET ADDRESS	515 SOUTH 6TH STREET
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	MGRM
NAME	VOLZ, BRANDI R
STREET ADDRESS	515 SOUTH 6TH STREET
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*Brandi R. Volz*

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

5/1/07

Date

904.259.6983

Daytime Phone #