

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000055785

Entity Name
UGAR SAND STUCCO, LLC



FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90065 031 ***138.75

Place of Business Mailing Address
2500 MINNESOTA AVENUE
SUITE C
LYNN HAVEN, FL 32444 US



Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc.
City & State
Country Zip Country

09022008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2956994 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
YESELEVIGE, ROBERT
1515 EAST PARK ROAD
PANAMA CITY, FL 32404

7. Name and Address of New Registered Agent
Name Thelma L. Yeselevige
Street Address (P.O. Box Number is Not Acceptable) 1515 EAST PARK RD
City PANAMA CITY FL Zip Code 32404

I, the 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: Thelma L. Yeselevige (NOTE: Registered Agent signature required when reappointing) DATE 8/25/08

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
YESELEVIGE, ROBERT		NAME	
1515 EAST PARK ROAD		STREET ADDRESS	
PANAMA CITY, FL 32404		CITY-ST-ZIP	
MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
YESELEVIGE, THELMA		NAME	
1515 EAST PARK ROAD		STREET ADDRESS	
PANAMA CITY, FL 32404		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

I 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 furnished 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: Thelma L. Yeselevige
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

8/25/08
Date

Daytime Phone #