

# LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ENT # L05000061698

FRANKLIN CONSTRUCTION, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 27 PM 1:05



1. Name of Business

FIELD DR.  
FL 33919

2. Mailing Address

5091 FAIRFIELD DR.  
FT. MYERS FL 33919  
US

3. Place of Business - No P.O. Box #

3. Mailing Address

4. Suite, Apt., etc.

Suite, Apt., etc.

2nd MOORE

CR2E083 (4/07)

5. State

City & State

4. FEI Number

20-3050432

Applied For

Not Applicable

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, THOMAS B  
5091  
FT. MYERS FL 33919

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

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 September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
FRANKLIN, THOMAS B  
5091 FAIRFIELD DR.  
FT. MYERS FL 33919

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
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STREET ADDRESS  
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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:

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

7/22/07 239 340-2580