2006 LIMITED LIABILITY COMPANY ANNUAL, REPORT (AR)

Sep 06, 2006 8:00 am Secretary of State DOCUMENT # L05000061771 1. Entity Name 09-06-2006 90007 037 ****50.00 ANGELA DEVOSS CONSTRUCTION LLC Principal Place of Business Mailing Address 305 BOOTH AVE 305 BOOTH AVE CANTONMENT FL 32533 CANTONMENT FL 32533 2. Principal Place of Business 3683 1460 POBUT Suite, Apt. #, etc Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/06) 4. FEI Number 32-0117a 13 City & State Applied For FI ensacola ensacola Not Applicable \$5.00 Additional 5. Certificate of Status Desired cambia Scambia Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEVOSS, ANGELA 305 BOOTH AVE Street Address (P.O. Box Number is Not Acceptable) **CANTONMENT FL 32533** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM MGRM TITLE ☐ Delete TITE F Change Change ☐ Addition Devoss Angela 7460 N. PAlafox St. DEVOSS, ANGELA NAME 305 BOOTH AVE STREET ADDRESS STREET ADDRESS **CANTONMENT FL 32533** Pensacola FI 3a514 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TELLE **SZ** Change Crochet, JASON st. 7460 N. PAIGFOX St. ☐ Addition CROCHET, JASON E NAME 305 BOOTH AVE STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 CITY-ST-7IP CITY-ST-ZIP Pensacola FI 32514 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE □ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED