

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 20, 2008 8:00 am**  
**Secretary of State**

08-20-2008 90014 003 \*\*\*538.75

**DOCUMENT # L05000066854**

1. Entity Name  
**ROBERT SULLIVAN CONSTRUCTION, LLC**



Principal Place of Business  
**HWY 26 EAST  
TRENTON, FL 32693 US**

Mailing Address  
**P.O. BOX 1317  
TRENTON, FL 32693 US**

**50009613**

2. Principal Place of Business - No P.O. Box #  
**5960 SE 60th Street  
Suite, Apt. #, etc.**

3. Mailing Address  
**Post Office Box 871  
Suite, Apt. #, etc.**

08182008 Chg-LLC CR2E083 (12/06)



City & State  
**Trenton, FL**

City & State  
**Trenton, FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

Zip  
**32693**

Country  
**USA**

Zip  
**32693**

Country  
**USA**

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**

**SULLIVAN, ROBERT  
HWY 26, EAST  
TRENTON, FL 32693**

Name  
**SHEREE H. LANCASTER**

Street Address (P.O. Box Number is Not Acceptable)

**109 EAST WADE STREET**

City  
**Trenton** **FL** Zip Code  
**32693**

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 *Sherree H. Lancaster* *Sherree H. Lancaster* *8/19/08*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SULLIVAN, ROBERT  
P.O. BOX 1317  
TRENTON, FL 32693** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5960 SE 60th Street  
Trenton, FL 32693** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *Robert A. Sullivan* *8/19/08* *(352) 4463-1000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #