

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90040 002 ****55.00

DOCUMENT # L05000067050

1. Entity Name
TACUMSA CONTRACTING LLC



Principal Place of Business
**4641 S. SLASH PINE AVE.
HOMOSASSA, FL 34446**

Mailing Address
**P.O. BOX 2884
HOMOSASSA SPRINGS, FL 34447**



2. Principal Place of Business

5185 W Dunnellon Road

Suite, Apt. #, etc.

Suite B

City & State

Dunnellon, FL

Zip

34433

Country

USA

3. Mailing Address

5185 W Dunnellon Road

Suite, Apt. #, etc.

Suite B

City & State

Dunnellon, FL

Zip

34433

Country

USA

03232006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

03-0559805

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOYINGTON, SHARON F
4641 S. SLASH PINE AVE.
HOMOSASSA, FL 34446**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BOYINGTON, SHARON
4641 S. SLASH PINE AVE.
HOMOSASSA, FL 34446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WARD, VINCENT
4641 S. SLASH PINE AVE.
HOMOSASSA, FL 34446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ 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:

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

Date

Daytime Phone #

4-11-06