

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

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02-03-2006 90078 042 *****55.00
08-14-2006 90124 001 *****50.00

DOCUMENT # L05000067441 1. Entity Name WILLIE L. JONES, SR. MASONRY, LLC					
Principal Place of Business 10326 COUNTY ROAD 2082 GAINESVILLE, FL 32641			Mailing Address 10326 COUNTY ROAD 2082 GAINESVILLE, FL 32641		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 260120279	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WITEKA, PHIL S 537 N. E. 1ST STREET SUITE # 3 GAINESVILLE, FL 32601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable				DATE _____ (NOTE: Registered Agent signature required when reestablishing)	
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JONES, WILLIE L SR. 10326 COUNTY ROAD 2082 GAINESVILLE, FL 32641	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME 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: <u>Willie L Jones Sr</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	

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