

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000085411

1. Entity Name

ROBERT JAMES MASONRY, LLC



Principal Place of Business

**207 NW 16TH CT.
OCALA FL 34474
US**

Mailing Address

**207 NW 16TH CT.
OCALA FL 34474
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3596027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAMES, ROBERT
207 NW 16TH CT.
OCALA FL 34474**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
JAMES, ROBERT
207 NW 16TH CT.
OCALA FL 34474** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
**U00000703322
04/20/07-80137-009 50.00**

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

TITLE
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☐ Change ☐ Addition

CR2E083 (10/06)

I certify that the information provided with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information is true 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 LLC and that I am empowered to execute this report as required by Chapter 608, Florida Statutes.

W James

4-9-07-352070416

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #