

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90008 021 ***150.00

DOCUMENT # L05000092587

1. Entity Name

SPIVEY BUILDING CONTRACTOR, LLC



Principal Place of Business

**P. O. BOX 711
LAKELAND FL 33849
US**

Mailing Address

**P. O. BOX 711
LAKELAND FL 33849
US**



2. Principal Place of Business

3. Mailing Address

2025 West Dougherty Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

Lakeland Florida

4. FEI Number

20-3500226

Applied For

Not Applicable

Zip

Country

Zip

Country

33810

US

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

**AIRTH, HAL A JR
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND FL 33801**

Name

Olin J Spivey

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

2025 West Dougherty Road

City

Lakeland

FL

Zip Code

33810

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]

Olin J Spivey MGRM

4-1-06

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when term limiting)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **SPIVEY, OLIN J**
STREET ADDRESS **P.O. BOX 711**
CITY-ST-ZIP **LAKELAND FL 33849**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

Olin J Spivey MGRM

4-1-06 8238582262

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

Date

Daytime Phone #