

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2006 90029 008 \*\*\*\*50:00

L05000093029

**FILED**

06 JUN -5 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000093029

1. Entity Name  
HIGH STRENGTH STRUCTURES, LLC



Principal Place of Business  
9517 SPRING BLOSSOM CT.  
AMELIA ISLAND, FL 32034 US

Mailing Address  
P. O. BOX 16480  
AMELIA ISLAND, FL 32034 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006 Chg-LLC CR2E083 (11/05)

4. FEI Number

030593395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAUNCEY, RAYMOND M  
9517 SPRING BLOSSOM CT.  
AMELIA ISLAND, FL 32034

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 re-registering)

DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CHAUNCEY, RAYMOND M ☐ Delete  
STREET ADDRESS 9517 SPRING BLOSSOM CT.  
CITY-ST-ZIP AMELIA ISLAND, FL 32034

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
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 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:

*R.M. Chauncey* R.M. Chauncey

4-20-06

261-4334  
904 261-4334

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

Date

Daytime Phone