

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90025 012 ***138.75

DOCUMENT # L05000094542

1. Entity Name
LAKE CITY HOME FINISHING, LLC



Principal Place of Business
**1236 SE COUNTY ROAD 252
LAKE, FL 32025 US**

Mailing Address
**1236 SE COUNTY ROAD 252
LAKE CITY, FL 32025 US**

2. Principal Place of Business - No P.O. Box #
322 SE Lee Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lulu, Florida

City & State

Zip
32061

Country
US

Zip

Country

04222008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4487048

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINDBOE, JASON M
1236 SE COUNTY ROAD 252
LAKE CITY, FL 32025**

7. Name and Address of New Registered Agent

Name
Jason M. Lindboe

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

322 SE Lee Drive

City
Lulu

FL

Zip Code
32061

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LINDBOE, JASON M
1236 SE COUNTY ROAD 252
LAKE CITY, FL 32025** ☐ Delete

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

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**322 SE Lee Drive
Lulu, Florida 32061** ☒ Change ☐ Addition

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

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

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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:

Jason M. Lindboe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/08
Date

386-623-2068
Daytime Phone #