

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90010 028 ****55.00

DOCUMENT # L05000103319

1. Entity Name

FIRST CLASS BUILDERS LLC



Principal Place of Business

390 E COWBOY WAY
LABELLE, FL 33935 US

Mailing Address

P.O. BOX 411
LABELLE, FL 33975 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3660897

Applied For

Not Applicable

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

LEE, RONALD L
5250 EMMITT'S RUN
ALVA, FL 33920

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 renewing)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME LEE, RONALD L
STREET ADDRESS 5250 EMMITT'S RUN
CITY - ST - ZIP ALVA, FL 33920

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

TITLE MGR ☐ Delete
NAME HARDISON, DEREK E
STREET ADDRESS 5250 EMMITT'S RUN
CITY - ST - ZIP ALVA, FL 33920

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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:

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

Date

Daytime Phone #

Ronald L. Lee RONALD L. LEE MGRM 3/24/06 239-462-7061

ATTACHMENT

200715-5
#10560010 3219

IMPORTANT INSTRUCTIONS

FIRST CLASS
BUILDERS LLC

- Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.
 - Submit report with a separate check for each filing.
 - Changes must be typed or printed in ink and legible.
 - Sign report in block 11.
 - The fee to file the Limited Liability annual report is \$50.00. If a certificate of status is desired, please add an additional \$5.00. Only one certificate may be requested.
- Please complete block 4 by providing your Federal Employer Identification (FEI) number or check the appropriate box.

*NOTE:
Please verify EIN
(Box 4) with IRS
acknowledgement
change if necessary.
(also see below)*

CAN BE COMPLETED & PAID ON-LINE
www.sunkbiz.org

Click on link to do on-line.

- Block 1. Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6051.
- Block 2 & 3. If applicable, enter the new principal office address in Block 2. If applicable, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. If you need a certificate of status, check the BOX in Block 5 and include an additional \$5.00. All certificates will be mailed to the entity's mailing address.
- Block 6. The law requires that each entity have a Registered Agent with a Florida street address. If the information in Block 6 is incorrect, enter the correct information in Block 7.
- Block 7. If applicable, enter new agent's name and/or address. The registered office address must be a Florida Street address. A P.O. Box or mail service is NOT acceptable for service of process. THE ENTITY CANNOT SERVE AS ITS OWN REGISTERED AGENT.
- Block 8. If applicable, the new Registered Agent must sign in Block 8. No signature is necessary if the same Registered Agent is retained. NOTE: Registered agent signature required when reinstating on this form.
- Block 9. Block 9 contains the names and addresses of the managing members or managers last reported to our office. If blank, you must list the name and address of all managing members or managers in Block 10. Insert the letters "MGRM" in the title portion of the block for each managing member listed. Insert the letters "MGR" in the title portion of the block for each manager listed. Please do not make any marks in Block 9 unless deleting a managing member or manager; corrections or additions are to be made in Block 10.
- Block 10. Block 10 is for changes or additions to the existing names and addresses of the managing members or managers in Block 9. Changes must be typed or printed and legible. List all managing members or managers. Attach a separate sheet if necessary. Florida Statutes require a physical address be given. The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.
- Block 11. This report must be signed in Block 11 by a managing member or manager listed in Block 9, Block 10 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 11 is unacceptable.

Mail completed report to:

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Courier Address (overnight delivery)
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6051

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

Chg-LLC

CR2E083 (11/05)

*If it was necessary to correct
your EIN, please advise*