

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90220 050 ****50.00

DOCUMENT # L05000113899

1. Entity Name

LARRY MAYS CONTRACTOR, LLC



Principal Place of Business

Mailing Address

P.O. BOX 91803
LAKELAND FL 33804-1803

P.O. BOX 91803
LAKELAND FL 33804-1803



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

4. FEI Number

14-1949033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A1A-REGISTERED AGENT INC
92 SADBERRY RD
QUINCY FL 32351

Name

Larry A Mays

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

4102 Homestead Drive

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, typed or printed name of registered agent and title if not agent

Larry A Mays

20 April 2007

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
MAYS, LARRY
STREET ADDRESS
P.O. BOX 91803
CITY ST ZIP
LAKELAND FL 33804-1803

☐ Delete

TITLE
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☐ Change ☐ Addition

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

Larry A Mays

Date

Daytime Phone #

20 April 2007