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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

01-29-2007 90142 046 ****50.00
07-05-2007 90154 044 ****50.00

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07032007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000004554

1. Entity Name
T. JERULLE CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
119 TORREY PINES POINT NAPLES, FL 34113	119 TORREY PINES POINT NAPLES, FL 34113

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2640 GOLDEN GATE PKWY.	2640 GOLDEN GATE PKWY
Suite, Apt. #, etc. SUITE 106	Suite, Apt. #, etc. SUITE 106
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34117 Country USA	Zip 34117 Country USA

4. FEI Number 16-1746434 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TREISER, COLLINS & VERNON, PL
3080 TAMIAMI TRAIL EAST
NAPLES, FL 34112

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 reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME TERRY JERULLE STREET ADDRESS 119 TORREY PINES PT. CITY-ST-ZIP NAPLES FL 34113	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: [signature] 7/3/07 (239)289-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #