## LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 08, 2007 8:00 am Secretary of State 05-02-2007 90337 045 \*\*\*150.00

DOCUMENT # L06000006591  1. Entity Name PALMETTO CONSTRUCTION, LLC						05-02-2007	90337 045 **	*150.00
Principal Place	e of Business	Mailing Address		†		JUULUM	<b>U</b> *	
1110 CHANDLER OAKS DRIVE		1110 CHANDLER OAKS DRIVE						
JACKSUNVILL	.E, FL 32221 US	JACKSONVILLE, FL 322	221 U	13		MERIN BIRIS BRIEF ANDI	ii Adiii Adii Adii Amberika ir	RL 115861 Ift 1881
2. Principat P	lace of Business - No P.O. Box #	3. Mailing Address						
		Suite And It are		- 118848811 GU	AVICE STILT BOTT BRIN DOL	II BBIH WAIIB BIHAI WHIM IB	at maan ki ka al	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182007	Chg-LLC	CR2E083 (12/	06)	
City & State		City & State		4. FEI Number 20 -	41534	173	Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate	of Status Desired	□ \$5.00 Fee Rec	Additional uired
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New R	legistered Agent	
BARFIELD, RAYMOND B				Name:				
li .	NDLER OAKS DRIVE VILLE, FL 32221	Street Address (		P.O. Box Number is Not Acceptable)				
, who hook	1 :							
				City FL Zip Code				
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registere	ed office or registe	red agent, or bot	h, in the State of Fk	orida. I am familiar v	ith, and accept
SIGNATURE								
	Signature, typed or printed name of registered agent	end title if applicable. (NOTE	E: Registered	Agent algneture require	d when reinstating)		DATE	
1 .	•	i			1			
° FI	lling Fee is \$50.00 ue by May 1, 2007						e check payable a Department of S	
	ue by May 1, 2007  MANAGING MEMBE		10.				CHANGES .	
9. TITLE	MANAGING MEMBE	RS/MANAGERS	TITLE			Florida	Department of S	
9.	ue by May 1, 2007  MANAGING MEMBE		TITLE			Florida	CHANGES .	
9. THE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM BARFIELD, RAYMOND B	☐ Delete	TITLE NAME SIREI CITY-	E Et adoress - St - Zip		Florida	a Department of S CHANGES . Char	ge Addition
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11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited stability company or the receiver of dustee empoyered to execute this report as required by Chapter 608, Florida Statutes.