


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90315 012 ****50.00

DOCUMENT # L06000019428	
1. Entity Name FAIRCLOTH CONSTRUCTION COMPANY LLC	

Principal Place of Business 6241 AMERICUS AVENUE PORT ST. JOE, FL 32456	Mailing Address 6241 AMERICUS AVENUE PORT ST. JOE, FL 32456
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60046515



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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04242007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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4. FEI Number 204316755	Applied For <input type="checkbox"/> Not Applicable
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City & State	City & State
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Zip	Country	Zip	Country
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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

**GRIFFIN, PAT
217 GULF STREET
PORT ST. JOE, FL 32456**

Name
Donna Faircloth
Street Address (P.O. Box Number is Not Acceptable)
6241 Americus Ave.
Port St. Joe
City
Fla. FL Zip Code
32456

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAIRCLOTH, DONNA F 6241 AMERICUS AVENUE PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAIRCLOTH, MILTON D 6241 AMERICUS AVENUE PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBISON, TIMOTHY 1748 GROUPE AVENUE PORT ST JOE, FL 32456	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Donna Faircloth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/07
Date Daytime Phone #