

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 08:00 AM**  
**Secretary of State**

**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**



05142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4316755**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FAIRCLOTH, DONNA  
6241 AMERICUS AVE  
PORT SAINT JOE, FL 32456**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FAIRCLOTH, DONNA F
STREET ADDRESS	6241 AMERICUS AVENUE
CITY-STATE-ZIP	PORT ST. JOE, FL 32456
TITLE	MGRM
NAME	FAIRCLOTH, MILTON D
STREET ADDRESS	6241 AMERICUS AVENUE
CITY-STATE-ZIP	PORT ST. JOE, FL 32456
TITLE	MGRM
NAME	ROBISON, TIMOTHY
STREET ADDRESS	1748 GROUPE AVENUE
CITY-STATE-ZIP	PORT ST JOE, FL 32456
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000952426  
06/04/08-80079-017 138.75

**DO NOT WRITE  
IN THIS SPACE**

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 F. Faircloth Donna F. Faircloth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/10/08 858-647-3506  
Date Daytime Phone #