

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

50.00

DOCUMENT # 106000025371

1. Entity Name

Built on Solid Ground, LLC



FILED

07 MAY -4 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1931 Welby Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

City & State

City & State

Tallahassee FL

Zip

Country

Zip

Country

32308

USA

4. FEI Number

20-4453715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Angela Moss Foster LLC

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

1931 Welby Way

Suite 5

City

Tallahassee

FL

Zip Code

32308

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

Angela M. Foster

Signature, type or printed name of registered agent and title if applicable.

5-1-07

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Nicole Brown
2408 Bnair Ct, Tallahassee, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Nicole B. Brown

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

Date

5-1-07

Daytime Phone #