

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90337 045 \*\*\*\*50.00

DOCUMENT # L06000030682

1. Entity Name

ALEX GRAY CONSTRUCTION CO. LLC



Principal Place of Business

Mailing Address

105 WRIGHT PKWY, #90  
FORT WALTON BEACH FL 32548

105 WRIGHT PKWY, #90  
FORT WALTON BEACH FL 32548



2. Principal Place of Business - No P.O. Box #

2 Connie Dr

3. Mailing Address

2 Connie Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

N/A

N/A

City & State

City & State

Shalimar FL

Shalimar FL

4. FEI Number

83-0454483

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

32579

OKA

32579

OKA

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

GRAY, ALEX  
105 WRIGHT PKWY, #90  
FORT WALTON BEACH FL 32548

Name

~~Alex Gray~~ N/A  
Street Address (P.O. Box Number is Not Acceptable)

2 Connie Dr

City

Shalimar

FL

Zip Code

32579

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

*Alex Gray*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-07

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME GRAY, ALEX  
STREET ADDRESS 105 WRIGHT PKWY, #90  
CITY-STATE-ZIP FORT WALTON BEACH FL 32548

TITLE MGR ☒ Change ☐ Addition  
NAME Alex Gray  
STREET ADDRESS 2 Connie Dr  
CITY-STATE-ZIP Shalimar FL 32579

TITLE MGRM ☒ Delete  
NAME DICKMAN, TIMOTHY  
STREET ADDRESS 126 WILLARD RD.  
CITY-STATE-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-2-07 850-499-9065

Date

Daytime Phone #