

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90085 001 ****50.00

DOCUMENT # L06000060665

1. Entity Name

THOMAS L. FAST CONSTRUCTION, LLC.



Principal Place of Business

Mailing Address

4029 N. WASHINGTON BLVD., 5R
SARASOTA FL 34234 *MOVED TO:*

P.O. BOX 1526
TALLEVAST FL 34270-1526



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

72 WINDSOR DRIVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD

City & State

Zip

34223

Country

SARASOTA

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAST, THOMAS L
4029 N. WASHINGTON BLVD., 5R
SARASOTA FL 34234

Name

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

72 WINDSOR DRIVE

City

ENGLEWOOD

FL

Zip Code

34223

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

THOMAS L. FAST
(NOTE: Registered Agent signature required when re-registering)

1/20/07

DATE

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
NAME
STREET ADDRESS
CITY ST / ZIP
MGR
FAST, THOMAS L
4029 N. WASHINGTON BLVD., 5R
SARASOTA FL 34234 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST / ZIP
☒ Change ☐ Addition
72 WINDSOR DRIVE
ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY ST / ZIP
☐ Delete
72 WINDSOR DRIVE

TITLE
NAME
STREET ADDRESS
CITY ST / ZIP
☐ Change ☐ Addition

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CITY ST / ZIP
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STREET ADDRESS
CITY ST / ZIP
☐ Change ☐ Addition

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

THOMAS L. FAST

1/20/07

Date

941-224-9241

Telephone Number