2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Mar 31, 2008 8:00 am Secretary of State DOCUMENT # L06000075142 1. Entity Name 03-31-2008 90265 019 ***138.75 RICHARD STOCKDALE CONSTRUCTION LLC Principal Place of Business Mailing Address 104 EDGEWATER DRIVE ST CLOUD FL 34769 104 EDGEWATER DRIVE ST CLOUD FL 34769 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) 104 Edgewater Drive 4. FEI Number Applied For 16-1771387 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required ddress of Current Registered Agent 7. Name and Address of New Registered Agent Name LAVENDER, KYLE Street Address (P.O. Box Number is Not Acceptable) 873 WESTBAY DRIVE 105 **LARGO FL 33770** Zip Code 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 Apent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE ☐ Change TOTLE Delete Addition NAME STOCKDALE, RICHARD NAME STREET ADDRESS STREET ADDRESS 104 EDGEWATER DRIVE CITY-ST-ZIP CITY-ST-ZIP ST CLOUD FL 34769 TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information Thereby certify that the information supplied with this filling does not quality for the examplions contained in deciding 18, notice of the indicated on this report is true and accurate and that my signature shall have the same legal effect as if niade 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. 32/-624-128/

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