2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 12, 2007 8:00 am
Secretary of State
07-12-2007 90008 029 ****50.00

DOCUMENT # L06000089879

1. Entity Name

TRUSTY'S CONSTRUCTION AND REMODELING, LLC

Principal Place of Business	Mailing Address
206 STOKES AVE 3B FORT WALTON BEACH FL 32548 US	504 FALLIN WATERS DRIVE MARY ESTHER FL 32569 US

2. Principal Place of Business - No P.O. Box #: 206 STOKES AVE
Suite, Apt. #, etc.: UNIT 3B
City & State: FORT WALTON BCH FL
Zip: 32548 Country: OKALASA

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

1st MOORE CR2E083 (10/06)

4. FEI Number: 205540144 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORNETT, BRENDA
504 FALLIN WATERS DRIVE
MARY ESTHER FL 32569

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 Brenda Cornett 3-25-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	MGRM CORNETT, BRENDA 504 FALLIN WATERS DRIVE MARY ESTHER FL 32569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUSTY, ROY H 504 FALLIN WATERS DRIVE MARY ESTHER FL 32569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Roy H Trusty ROY H TRUSTY 3-25-07 850-362-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #