


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90144 016 ****50.00

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|--|--|---|---|---|---|
| DOCUMENT # L06000093664 1. Entity Name NICHOLAS PEREZ CONSTRUCTION, LLC | | | |  | |
| Principal Place of Business 400 NORTH 14TH AVENUE PENSACOLA, FL 32501 | | | Mailing Address 400 NORTH 14TH AVENUE PENSACOLA, FL 32501 | | |
| 2. Principal Place of Business - No P.O. Box # 1720 1/2 Magnolia Ave | | 3. Mailing Address 1720 1/2 Magnolia Ave | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Pensacola FL | | City & State Pensacola FL | | 4. FEI Number 51-0601094 | |
| Zip 32503 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PEREZ, NICHOLAS O 400 NORTH 14TH AVENUE PENSACOLA, FL 32501 | | | 7. Name and Address of New Registered Agent Name Nicholas O. Perez Street Address (P.O. Box Number is Not Acceptable) 1720 1/2 Magnolia Ave. City Pensacola FL FL Zip Code 32503 | | |
| 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 <u><i>Nicholas O. Perez</i></u> DATE <u>20 Feb 2007</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PEREZ, NICHOLAS O 400 NORTH 14TH AVENUE PENSACOLA, FL 32501 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Perez, Nicholas O 1720 1/2 Magnolia Ave. Pensacola, FL 32503 |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Nicholas O. Perez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <u>20 Feb 2007</u> <small>Date</small> | | <u>850.377.3917</u> <small>Daytime Phone #</small> |