

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

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02-01-2007 90048 049 ****50.00

DOCUMENT # L06000097353 1. Entity Name THIBODEAUX CONSTRUCTION, LLC					
Principal Place of Business 56434 NASSAU OAKS DRIVE CALLAHAN FL 32011 US			Mailing Address 56434 NASSAU OAKS DRIVE CALLAHAN FL 32011 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-5663685			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 THIBODEAUX, JAMES C 56434 NASSAU OAKS DRIVE CALLAHAN FL 32011				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)					
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 THIBODEAUX, JAMES C 56434 NASSAU OAKS DRIVE CALLAHAN FL 32011	☐ 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: James C. Thibodeaux SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			1-24-07 (904) 829 1507 Date Daytime Phone #		