

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

FILED
Jun 12, 2008 8:00 am
Secretary of State

05-14-2008 90081 043 ***138.75

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1st MOORE CR2E083 (10/07)

DOCUMENT # L07000028579 1. Entity Name J.F. SULLIVAN CONSTRUCTION, LLC					
Principal Place of Business 4412 WILDER ROAD NAPLES FL 34105 US			Mailing Address 4412 WILDER ROAD NAPLES FL 34105 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8651745	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA FL 33612-3425				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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, JOSEPH F 4412 WILDER ROAD NAPLES FL 34105	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
TITLE NAME 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: <u>Joseph F. Sullivan</u> 4/26/08 (239) 450-4670 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					