

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000046215

1. Entity Name  
KINCADE CONSTRUCTION, LLC



FILED

08 JUL -9 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2678 MCGREGOR BLVD.  
FORT MYERS, FL 33901

Mailing Address  
2678 MCGREGOR BLVD.  
FORT MYERS, FL 33901



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05212008 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINCADE, WILLIAM E II  
2678 MCGREGOR BLVD.  
FORT MYERS, FL 33901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME KINCADE, WILLIAM E II  
STREET ADDRESS 2678 MCGREGOR BLVD.  
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE ☐ Change ☐ Addition  
NAME 800132655358  
STREET ADDRESS 07/10/08--01029--017 \*\*1088.75  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/6/08

Date

239-995-2883

Daytime Phone #