

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

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90090 008 \*\*\*138.75

**DOCUMENT # L07000094368**

1. Entity Name

**BLACK SAND CONSTRUCTION, LLC**



Principal Place of Business

**1424 SE 26TH STREET  
CAPE CORAL FL 33904**

Mailing Address

**1424 SE 26TH STREET  
CAPE CORAL FL 33904**



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

1st MOORE

CR2E083 (10/07)

4. FEI Number

**26-0906573**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, RODNEY W  
1424 SE 26TH STREET  
CAPE CORAL FL 33904**

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

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

(NOTE: Registered Agent signature required when re-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

TITLE **MGRM** ☐ Delete  
NAME **PHILLIPS, RODNEY W**  
STREET ADDRESS **1424 SE 26TH STREET**  
CITY - ST - ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

10. ADDITIONS / CHANGES

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

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

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:**

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

Date

Day(s) & Period