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

FILED
Jun 04, 2008 8:00 am
Secretary of State

03-25-2008 90083 028 ***138.75

30008666

1st MOORE CR2E083 (10/07)

DOCUMENT # L07000112150

1. Entity Name

ZBIGNIEW CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
2946 ALBATROSS DR. NAVARRE FL 32566	2946 ALBATROSS DR. NAVARRE FL 32566

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2946 ALBATROSS DR	2946 ALBATROSS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAVARRE FL	City & State: NAVARRE, FL
Zip: 32566 Country: SANTA ROSA	Zip: 32566 Country: SANTA ROSA

4. FEI Number 330025315 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACKOWSKI, ZBIGNIEW
2946 ALBATROSS DR.
NAVARRE FL 32566

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

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	☐ Delete	TITLE: MGRM NAME: ZBIGNIEW JACKOWSKI STREET ADDRESS: 2946 ALBATROSS DR CITY-ST-ZIP: NAVARRE, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: Zbigniew Jackowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #