## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Aug 07, 2008 8:00 am Secretary of State **DOCUMENT # L07000121692** 08-07-2008 90009 020 \*\*\*138.75 R AND T BUILDERS OF NORTHWEST FL, LLC Principal Place of Business Mailing Address 4250 STEPHENS RD 4250 STEPHENS RD **.......** PACE, FL 32571 PACE, FL 32571 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06092008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For *59-3609652* Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEARS, RONALD W Street Address (P.O. Box Number is Not Acceptable) 4250 STEPHENS RD PACE, FL 32571 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 \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to Due by September 12, 2008 liability company did not receive the prior notice. Florida Department of State 9. . . MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ... Delete TITLE ☐ Change ☐ Addition MEARS, RONALD W NAME NAME STREET ADDRESS 4250 STEPHENS RD STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE . ☐ Change ☐ Addition NAME NAME . STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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

CITY-ST-7IP

6/10/08

FILED

850-994-8837