

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000057423

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ADKINS REMODELING, LLC

**Current Principal Place of Business:**

5759 ARLINGTON RD.  
#2  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

3545-1 ST. JOHNS BLUFF RD.  
#173  
JACKSONVILLE, FL 32224

**New Mailing Address:**

5971 UNIVERSITY CLUB BLVD N  
#102  
JACKSONVILLE, FL 32277

**FEI Number:** 41-2280514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADKINS, DANIEL A  
5759 ARLINGTON RD.  
#2  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ADKINS, DANIEL  
Address: 5759 ARLINGTON RD. #2  
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL ADKINS

MGR

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date