

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L11000016878</b> 1. Entity Name BUILDING TRADES AND ASSOCIATES L.L.C.	
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FILED

12 AUG 15 PH 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 133 LAKE SHORE DR. N. PALM HARBOR, FL 34684	Mailing Address 133 LAKE SHORE DR. N. PALM HARBOR, FL 34684
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05152012 Chg-LLC CR2E083 (12/11)

4. FEI Number <b>274844096</b>	Applied For
	Not Applicable

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

8. Name and Address of Current Registered Agent  DAMIAN, RICKY B 133 LAKE SHORE DR. N. PALM HARBOR, FL 34684	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 *Ricky B. Damian* (NOTE: Registered Agent signature required when reinstating) DATE 5/16/12

<b>FILE NOW!!! FEE IS \$538.75</b> Due by September 28, 2012	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMIAN, RICKY B	NAME	
STREET ADDRESS	133 LAKE SHORE DR. N.	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUG 15 2012</b>	NAME	
STREET ADDRESS	<b>S. TONER</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Ricky B. Damian* DATE 5/16/12 E-MAIL ADDRESS RICKDAMIAN@YMAIL.COM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      DATE      E-MAIL ADDRESS