

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000018139

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

**Entity Name:** AWARD BUILDERS GROUP, LLC

**Current Principal Place of Business:**

301 WEST PLATT ST #202  
TAMPA, FL 33606 US

**New Principal Place of Business:**

301 WEST PLATT ST  
#202  
TAMPA, FL 33606 US

**Current Mailing Address:**

301 WEST PLATT ST #202  
TAMPA, FL 33606 US

**New Mailing Address:**

301 WEST PLATT ST  
#202  
TAMPA, FL 33606 US

FEI Number: 32-0332488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARD, RICHARD S  
301 WEST PLATT ST #202  
TAMPA, FL 33606 US

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

WARD, RICHARD S  
301 WEST PLATT ST  
#202  
TAMPA, FL 33606 US

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:

04/30/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WARD, DANIELLE G  
Address: 523 WEST DAVIS BOULEVARD  
City-St-Zip: TAMPA, FL 33606 US

Title: MGR  
Name: WARD, ADAM R  
Address: 546 THUNDER ROAD  
City-St-Zip: FOUR OAKS, NC 27524 US

Title: MGR  
Name: WARD, JOSEPH B  
Address: 546 THUNDER ROAD  
City-St-Zip: FOUR OAKS, NC 27524 US

Title: MGRM  
Name: WARD, RICHARD S  
Address: 523 WEST DAVIS BOULEVARD  
City-St-Zip: TAMPA, FL 33606 US

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: RICHARD S WARD

MGRM

04/30/2012

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