

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000087349

**Entity Name:** BARBER KLEIN CONTRACTORS, P.L.L.C.

**Current Principal Place of Business:**

7254 GOLDEN WINGS ROAD  
SUITE 9  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

7254 GOLDEN WINGS ROAD  
SUITE 9  
JACKSONVILLE, FL 32244 US

**FEI Number:** 20-1968652

**Certificate of Status Desired:** No

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

KLEIN, DEBRA  
7254 GOLDEN WINGS ROAD  
SUITE 9  
JACKSONVILLE, FL 32244 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:** DEBRA KLEIN

01/15/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           KLEIN, DEBRA  
Address        7254 GOLDEN WINGS ROAD  
                  SUITE 9  
City-State-Zip: JACKSONVILLE FL 32244

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBRA KLEIN

MANAGING MEMBER

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date