

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000048487

**Entity Name:** JASON CUMMINGS CONTRACTING, LLC

**Current Principal Place of Business:**

11211 ROZIER LN.  
DADE CITY, FL 33525

**Current Mailing Address:**

PO BOX 83  
DADE CITY, FL 33526 US

**FEI Number:** 20-2848883

**Certificate of Status Desired:** No

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

CUMMINGS, JASON  
11211 ROZIER LN.  
DADE CITY, FL 33525 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CUMMINGS, JASON  
Address PO BOX 83  
City-State-Zip: DADE CITY FL 33526

*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:** JASON CUMMINGS

MGRM

01/28/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date