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 HAROLD DAWKINS	MEMBER	02/27/2018		

MEMBER

SIGNATURE: HAROLD DAWKINS

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	DAWKINS, HAROLD	Name	LUMPKIN, ALTON	
Address	8698 AUTUMN GREEN DRIVE	Address	9114 HANOVER STREET	
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	LITHIA SPRINGS GA 30122	

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.

**Current Mailing Address:** 

## **FEI Number: APPLIED FOR**

# Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC. 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS, FL 33907 US

SIGNATURE: KRISTIN PRELL, MANAGER

### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L09000011929

Entity Name: DAWKINS/LUMPKIN CONTRACTING & CONSULTING SOLUTIONS L.L.C.

**Current Principal Place of Business:** 

8698 AUTUMN GREEN DRIVE JACKSONVILLE, FL 32256

8698 AUTUMN GREEN DRIVE JACKSONVILLE, FL 32256 US

## FILED Feb 27, 2018 Secretary of State CC2290849740

02/27/2018 Date

Certificate of Status Desired: No

Date