

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000111670

Entity Name: INTEX BUILDERS, LLC**Current Principal Place of Business:**3802 GUNN HWY
UNIT B
TAMPA, FL 33618**Current Mailing Address:**P O BOX 272379
TAMPA, FL 33688 US**FEI Number:** 27-1600965**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARKINS, HAROLD LJR
3450 BUSCHWOOD PARK DR
STE 112
TAMPA, FL 33618 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	MCLEAN, SHANTELL
Address	7048 PALMETTO PINE LANE
City-State-Zip:	LAND O'LAKES FL 34637

Title	MGRM
Name	NOBLE, TRAVIS
Address	2237 CLIMBING IVY DRIVE
City-State-Zip:	TAMPA FL 33618

Title	MGRM
Name	NOBLE, RICHARD
Address	2237 CLIMBING IVY DRIVE
City-State-Zip:	TAMPA FL 33618

Title	MGRM
Name	NOBLE, JODY
Address	2237 CLIMBING IVY DRIVE
City-State-Zip:	TAMPA FL 33618

Title	MGRM
Name	PERGOLA, ANTHONY C
Address	11002 LONDON LN
City-State-Zip:	TAMPA FL 33635

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANTELL MCLEAN

MGMR

02/11/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date