


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # L06000072831
1. Entity Name
ECS CONSTRUCTION LLC



Principal Place of Business Mailing Address
1175 NE 125TH STREET 1175 NE 125TH STREET
316 316
NORTH MIAMI FL 33161 NORTH MIAMI FL 33161
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State City & State 4. FEI Number Applied For
16-1766983 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
D'AGOSTINO, LUIS A
1175 NE 125TH STREET
316
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and Florida Department of State (NOTE: Registered agent's office is required to be in the state) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	D'AGOSTINO, LUIS A	
STREET ADDRESS	17555 COLLINS AVENUE #308	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FRANK, ZAYAS M	
STREET ADDRESS	1175 NE 125TH STREET #316	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PINNACLE CONSULTING LLC	
STREET ADDRESS	17555 COLLINS AVENUE #308	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ENGINEER CONTROL SYSTEMS CORPORATION	
STREET ADDRESS	1175 NE125TH STREET #316	
CITY-ST-ZIP	NORTH MIAMI FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000924652	
CITY-ST-ZIP	05/19/08-80010-003 138.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ **3/17/08** 305-607-1254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date District Phone #