


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000020261	
1. Entity Name HERNANDEZ & SONS CONST. LLC	

Principal Place of Business 187 MT. OLIVE CHURCH RD BAINBRIDGE, GA 39817	Mailing Address 187 MT. OLIVE CHURCH RD BAINBRIDGE, GA 39817
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 187 MT. OLIVE CHURCH RD
Suite, Apt. #, etc.	Suite, Apt. #, etc. LOT 5
City & State BAINBRIDGE, GA	City & State
Zip 39817	Country GA

FILED
08 JAN 25 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 924702/10	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SUAREZ, LUIS 2156 E. PARK AVE. TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Jose Hernandez (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, JOSE 187 MT. OLIVE CHURCH RD BAINBRIDGE, GA 39817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200117638912 02/11/08--01005--005 ***139.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Jose Hernandez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____