

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000037974

**FILED**  
**Apr 17, 2008**  
**Secretary of State**

**Entity Name:** MAHONEY CONTRACTING, LLC

**Current Principal Place of Business:**

5272 BOXER STREET  
NORTH PORT, FL 32488

**New Principal Place of Business:**

**Current Mailing Address:**

5272 BOXER STREET  
NORTH PORT, FL 32488

**New Mailing Address:**

1254 KAPALAMA WAY  
DIAMONDHEAD, MS 39525

**FEI Number:** 20-8810556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAHONEY, SCOTT  
5272 BOXER STREET  
NORTH PORT, FL 32488 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: MAHONEY, SCOTT M  
Address: 5272 BOXER ST.  
City-St-Zip: NORTH PORT, FL 32488

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: SCOTT M. MAHONEY

MGR

04/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date