

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 03, 2009
Secretary of State**

DOCUMENT# L07000079479

Entity Name: MCKENNA CONTRACTING, LLC

Current Principal Place of Business:

2887 TAMIAMI TRAIL EAST
SUITE 1
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

2887 TAMIAMI TRAIL EAST
SUITE 1
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 74-3227863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HIGGINS, DANIEL N
2887 TAMIAMI TRAIL EAST
SUITE 1
NAPLES, FL 34112 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: MGRM () Delete
Name: HIGGINS, DANIEL N
Address: 2887 TAMIAMI TRAIL EAST SUITE 1
City-St-Zip: NAPLES, FL 34112 US

Title: MGRM () Delete
Name: DELUCA, MATTHEW T
Address: 2887 TAMIAMI TRAIL EAST SUITE 1
City-St-Zip: NAPLES, FL 34112 US

Title: MGRM () Delete
Name: HIGGINS, HEATHER D
Address: 2887 TAMIAMI TRAIL EAST SUITE 1
City-St-Zip: NAPLES, FL 34112 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MATTHEW DELUCA

MGRM

02/03/2009

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