


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-24-2008 90009 016 ***138.75

DOCUMENT # L07000088059					
1. Entity Name NEHEMIAH'S FINISHING TOUCH CONSTRUCTION, L.L.C.					
Principal Place of Business 9319 GARDEN OVERLOOK LANE JACKSONVILLE, FL 32219-1997			Mailing Address 9319 GARDEN OVERLOOK LANE JACKSONVILLE, FL 32219-1997		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEU Number 26-1073133	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MATTHEWS, CLESTER E 9319 GARDEN OVERLOOK LANE JACKSONVILLE, FL 32219-1997				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTHEWS, CLESTER		NAME		
STREET ADDRESS	9319 GARDEN OVERLOOK LANE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 322191997		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAULERSON, WALTER D		NAME		
STREET ADDRESS	856 DEPAUL DRIVE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32218		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAULERSON, ZINA		NAME		
STREET ADDRESS	856 DEPAUL DRIVE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32218		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTHEWS, DOROTHY		NAME		
STREET ADDRESS	9319 GARDEN OVERLOOK LANE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 322191997		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Clester Matthews</i>			Date: <i>4-9-08</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		