

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000010822

FILED
May 09, 2008
Secretary of State**Entity Name:** FLORIDA DEMOLITION, LLC**Current Principal Place of Business:**32307 OAK BLUFF DR
SORRENTO, FL 32776**New Principal Place of Business:****Current Mailing Address:**32307 OAK BLUFF DR
SORRENTO, FL 32776**New Mailing Address:****FEI Number:** 59-3713255**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOROS, JULIANA
32307 OAK BLUFF DR.
SORRENTO, FL, FL 32776 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: BOROS, JULIANA
Address: 32307 OAK BLUFF DR
City-St-Zip: SORRENTO, FL 32776**Title:** MGRM (X) Delete
Name: CZIFRAK, ROBERT M
Address: 32307 OAK BLUFF DR
City-St-Zip: SORRENTO, FL 32776**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: CZIFRAK, ROBERT M
Address: 32307 OAK BLUFF DR.
City-St-Zip: SORRENTO, FL 32776**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: ROBERT M. CZIFRAK

MGRM

05/09/2008

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