

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085281

Entity Name: BUILDING E.M.T.S., LLC

FILED
May 28, 2008
Secretary of State

Current Principal Place of Business:

2502 W. 1ST STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

2502 W. 1ST STREET
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-5460427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BONNER, GREGORY F
5414 CARTER ROAD
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

BONNER, GREGORY F
173 VILLA DI ESTE
113
LAKE MARY, FL 32746 US

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:

05/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BONNER, GREGORY F
Address: 5414 CARTER ROAD
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: BONNER, JAMES F JR.
Address: 2651 CAUSTON BLUFF ROAD
City-St-Zip: SAVANNAH, GA 31404

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BONNER, GREGORY F
Address: 173 VILLA DI ESTE, SUITE 113
City-St-Zip: LAKE MARY, FL 32746

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: MICHELLE KELLEY

MRS.

05/28/2008

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