I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and

SIGNATURE: MICHAEL MEGGISON

Electronic Signature of Signing Authorized Person(s) Detail

2015 FLORIDA LIMIT	ED LIABILITY COMP	PANY ANNUAL REPORT

DOCUMENT# L13000178053

Entity Name: MEGGISON CONSTRUCTION SERVICES LLC

Current Principal Place of Business:

6901 RIVERGATE AVE TEMPLE TERRACE. FL 33637

Current Mailing Address:

6901 RIVERGATE AVE TEMPLE TERRACE. FL 33637 US

FEI Number: 59-3742906

Name and Address of Current Registered Agent:

MCCONNELL, WILL S 730 S. STERLING AVE SUITE 110 TAMPA, FL 33609 US

The above named entity submits this stateme

SIGNATURE:

Electronic Signature

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM	
Name	MEGGISON, MICHAEL T TRUSTEE	Name	MEGGISON, MARY B TRUSTEE	
Address	6901 RIVERGATE AVE	Address	6901 RIVERGATE AVE	
City-State-Zip:	TEMPLE TERRACE FL 33637	City-State-Zip:	TEMPLE TERRACE FL 33637	

ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
of Registered Agent			Date	
	Title	MGRM		

that my name appears above, or on an attachment with all other like empowered. 02/23/2015 MGRM

FILED Feb 23, 2015 Secretary of State CC3644568315

Certificate of Status Desired: No

Date