

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 Annual Report

DOCUMENT # L01000003469

1. Limited Liability Company's Name

E.D.C. CONSTRUCTION, LLC

2. Principal Office Address - No P.O. Box #

1757 2ND STREET NE

Suite, Apt. #, etc.

3. Mailing Office Address

1757 2ND STREET NE

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FLORIDA

City & State

WINTER HAVEN, FLORIDA

Zip

33881

Country

US

Zip

33881

Country

US

8.

Name and Address of Current Registered Agent

Name

LEANDER CALHOUN

Street Address (P.O. Box Number is Not Acceptable)

1757 2ND STREET NE

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

52-2316333

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

300222279843
02/17/12--01023--006 **78.18

EDCCONSTRUC@AOL.COM

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGEM	CALHOUN, LEANDER, JR	1757 2ND STREET NE	WINTER HAVEN, FLORIDA 33881

J. SAULSBERRY
EXAMINER

FEB 22 2012

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 12/8/11

Daytime Phone # 863 291 3010

Typed or printed name of signing Managing Member/Manager