2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010955

1. Entity Name

THE CONSTRUCTION LLC



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90021 049 ****55.00

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM SOLOMON, BOBBY J III 828 NOCTURNE DRIVE CITY-ST-2P CHULUOTA FL 32766 CITY-ST-2P CHULUOTA FL 32766 CITY-ST-2P CHULUOTA FL 32765 CITY-ST-2P	IIII OOII	omoonon, E.E.O.											
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SMITH, GEORGE T- III 1378 BRIDLE BROOK DRIVE CASSELBERRY FL 32707 City Chulled TA B. 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 chilipstons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipstons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipstons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipstons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipstons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipstons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipstons. I am familiar with, and accept the chilipsto	Zip 32		Zip						esired				
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8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typid or printed familiar agent and till if applicable. Signature, typid or printed familiar agent and till if applicable. Signature, typid or printed familiar agent and till if applicable. Signature, typid or printed familiar agent and till if applicable. Signature, typid or printed familiar agent and till if applicable. Signature, typid or printed familiar agent age	1378	B BRIDLE BROOK DRIVE			Street Addr	ress (P.	U. HOX NUMI	ner is Not Aci	centable)	Or	-0	7.7.12	1
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Signature, hybrid or purples fourth of registered agent and their applicable. (INCIE: Registered Agent stignature meanstating) PLE NOW!!! FEE IS \$50.00 Make Check Payable to Floridal Department of State Due By May 1, 2003 P. MANAGING MEMBERS / MANAGERS ITILE MGRM SOLOMON, BOBBY J III STREET ADDRESS OFF ST-ZP THE MANE SOLOMON, CHERYL STREET ADDRESS OTIV-51-ZP THE MANE SOLOMON, CHERYL STREET ADDRESS OTIV-51-ZP THE MANE STREET ADDRESS OTIV-51-	8. The above the obligati	named entity submits this statement for	or the purpose of changing its	s registere					ate of Florida		amiliar with	and accept	
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.