

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018843

FILED
Apr 08, 2008
Secretary of State

Entity Name: CONSTRUCTION ENGINEERING GROUP, LLC

Current Principal Place of Business:

2651 W. EAU GALLIE BLVD
SUITE A
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2651 W. EAU GALLIE BLVD
SUITE A
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3612586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEY, DAVID
2651 W. EAU GALLIE BLVD
SUITE A
MELBOURNE, FL 32935 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: ALLEY, DAVID E
Address: 2651 W. EAU GALLIE BLVD, STE. A
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM () Delete
Name: ADAMS, THOMAS L
Address: 2651 W. EAU GALLIE BLVD, STE. A
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM () Delete
Name: WISE, JAKE T
Address: 2651 W. EAU GALLIE BLVD, STE. A
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID E ALLEY

MGRM

04/08/2008

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