

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021394

**FILED**  
**Apr 02, 2009**  
**Secretary of State**

**Entity Name:** GUETTLER & SONS CONSTRUCTION, LLC

**Current Principal Place of Business:**

4401 WHITEWAY DAIRY RD., STE. C  
FT. PIERCE, FL 34997

**New Principal Place of Business:**

4401 WHITEWAY DAIRY RD., STE. C  
FT. PIERCE, FL 34947

**Current Mailing Address:**

PO BOX 15250  
FORT PIERCE, FL 34979

**New Mailing Address:**

PO BOX 15250  
FORT PIERCE, FL 349795250

**FEI Number:** 65-1158603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUETTLER, PHILLIP G  
4401 WHITEWAY DAIRY RD., STE. C  
FT. PIERCE, FL 34997 US

**Name and Address of New Registered Agent:**

GUETTLER, PHILLIP G  
4401 WHITEWAY DAIRY RD., STE. C  
FT. PIERCE, FL 34947 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: \_\_\_\_\_

04/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GUETTLER, PHILLIP G  
Address: 4401 WHITEWAY DAIRY RD., STE. C  
City-St-Zip: FT. PIERCE, FL 34997

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GUETTLER, PHILLIP G  
Address: 4401 WHITEWAY DAIRY RD., STE. C  
City-St-Zip: FT. PIERCE, FL 34947

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: PHILLIP G GUETTLER

MGRM

04/02/2009

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