


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90074 004 \*\*\*138.75

<b>DOCUMENT # L02000018839</b>	
1. Entity Name <b>SEACON CONSTRUCTION, LLC</b>	

Principal Place of Business <b>694 ATLANTIS ROAD SUITE 3 MELBOURNE, FL 32904 US</b>	Mailing Address <b>694 ATLANTIS ROAD SUITE 3 MELBOURNE, FL 32904 US</b>
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2. Principal Place of Business - No P.O. Box # <b>99 PARK HILL BLVD</b>	3. Mailing Address <b>P.O. Box 33609</b>
Suite, Apt. #, etc. <b>101 A</b>	Suite, Apt. #, etc.
City & State <b>W. Melbourne FL</b>	City & State <b>INDIALANTIC FL</b>
Zip <b>32904</b>	Country <b>USA</b>
Zip <b>32903</b>	Country <b>USA</b>

**60010847**



02012008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>LARKIN, DAVID C 1900 S HICKORY STREET STE. A MELBOURNE, FL 32901</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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 obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MAGUIRE, PATRICK 261 MIAMI AVE INDIALANTIC, FL 32903</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Patrick Maguire**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2-25-08**

Date

**3217236787**

Daytime Phone #