

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026819

FILED
Apr 30, 2009
Secretary of State

Entity Name: HERNANDEZ CONSTRUCTION, LLC

Current Principal Place of Business:

441 NE 4TH AVENUE
SUITE 100
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

441 NE 4TH AVENUE
SUITE 100
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 32-0036722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILES CORPORATION
ATTN: STEPHEN R. PALMER
300 SE 2ND STREET
FT. LAUDERDALE, FL 33301 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: MGR () Delete
Name: HERNANDEZ, ALEX
Address: 441 NE 4TH AVENUE, SUITE 100
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: PALMER, STEPHEN R
Address: 300 SE 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR (X) Delete
Name: JONES, PATRICIA A
Address: 300 SE 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

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: ALEX HERNANDEZ

PRES

04/30/2009

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