

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008784

FILED
Aug 20, 2008
Secretary of State

Entity Name: G H CONSTRUCTION SERVICES LLC

Current Principal Place of Business:

1507 PALAFOX STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1507 PALAFOX STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 20-0032081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMAN, WILLIAM P
2513 ROSEDOWN DRIVE
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

GUTENMANN, WILLIAM W
1612 E. LAKEVIEW AVE.
PENSACOLA, FL 32503 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: WILLIAM GUTENMANN

08/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLMAN, WILLIAM P
Address: 2513 ROSEDOWN DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: MGR () Delete
Name: GUTENMANN, WILLIAM W
Address: 13 CALLE MARBELLA
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GUTENMANN, WILLIAM W
Address: 1612 E. LAKEVIEW AVE.
City-St-Zip: PENSACOLA, FL 32503

Title: MGR (X) Change () Addition
Name: HOLMAN, WILLIAM P
Address: 2513 ROSEDOWN DR
City-St-Zip: CANTONMENT, FL 32533

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: WILLIAM GUTENMANN

MGR

08/20/2008

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