

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020225

Entity Name: LINEAR CONTRACTORS LLC

FILED
Mar 08, 2009
Secretary of State

Current Principal Place of Business:

132 OPP BLVD.
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

106 MEADOW WOODS LN.
NICEVILLE, FL 32578

Current Mailing Address:

132 OPP BLVD.
FORT WALTON BEACH, FL 32548

New Mailing Address:

106 MEADOW WOODS LN.
NICEVILLE, FL 32578

FEI Number: 20-0031604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
465 S VOLUSIA AVE SUITE C
ORANGE CITY, FL 327633 US

Name and Address of New Registered Agent:

KRISTOF, GABRIEL
106 MEADOW WOODS LN.
NICEVILLE, FL 32578 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: GABRIEL KRISTOF

03/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRISTOF, GABRIEL
Address: 132 OPP BLVD.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: VAGO, ZOLTAN
Address: 132 OPP BLVD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: FARUAS, ZSOLT
Address: 132 OPP BLVD
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRISTOF, GABRIEL
Address: 106 MEADOW WOODS LN.
City-St-Zip: NICEVILLE, FL 32578

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: GABRIEL KRISTOF

MGRM

03/08/2009

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