2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L03000046639

Entity Name: ODOM CONSTRUCTION LLC

Current Principal Place of Business:

2309 HAVERHILL RD.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

2309 HAVERHILL RD.
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 20-0424165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ODORN, SHARRON
2309 HAVERHILL RD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

ODOM, SHARRON
2309 HAVERHILL RD
TALLAHASSEE, FL 32312 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: SHARRON ODOM 01/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ODOM, SHARRON
Address: 2309 HAVERHILL RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete
Name: ODOM, ROBERT
Address: 2309 HAVERHILL RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete
Name: ODOM, ROBERT E JR
Address: 2309 HAVERHILL RD.
City-St-Zip: TALLAHASSEE, FL 32312

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: SHARRON ODOM RA 01/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date