2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L03000049970

E & S CONSTRUCTION, LLC



FILED Apr 21, 2008 08:00 A Secretary of State

Daytino Pissee #

Principal Piace of Business		Mailing Address	Mailing Address									
330 ANGELO ROAD TALLAHASSEE FL 32312		330 ANGELO ROAD			İ						EE(111 +20)	
FALLAMASSEE PL 32312		TALLAHASSEE FL 32312				!						
2. Principal Place of Business - No P.O. Box #		O Mailing Address						<u> </u>				
2. Principal Place of Business - No P.O. Box #		3. Malling Address	3. Mailing Address									
Suile, Apt. #, etc.		Suite, Apt. #, etc.				1st MOORE CR2E083 (10/07)						
City & State		City & State				4. FEI Num	20-044	16448			plied For : Applicable	
Zip	Country	Zip	Countr			5. Certificate of Status Desired			\$5.00 Additional Fee Required			
	Registered Agent				7. Name an	nd Address of	New Regist	ered Agent				
гот	ED MION D			Name								
330	EP, NICK D ANGELO ROAD		Ì	Street Address (P.O. Box Number is Not Acceptable)								
	LAHASSEE FL 32312		}							—		
			-						1			
				City					FL Z	FL Zip Code		
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 account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida.										and accept		
the obligations of registered agent.												
SIGNATURE Signature, typical all proceedings are all appropriate disappropriate (NOTE Royalaera Ayari signature required whom remarking) DATE												
FILE NOW!!! FEE IS \$138.75												
After May 1, 2008, Fee Will Be \$538.75 U00000911490												
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9.	MANAGING MEMBE	S/MANAGERS 10.		! ! :. :.:."		<u> </u>		TIONS/CHA				
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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 arm a managing member or manager of the												
limited lia	bility company or the receiver or truste	e empowered to execute this n	eport as	ie iegai eife s required b	iy Chapt	made under er 608, Florid	oam, maci arr la Statutes,	ra managini	g member or	ന്നുവ	ger or me	