

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000050326					
1. Entity Name V & S CONSTRUCTION LLC					
Principal Place of Business 1501 CHOWKEEBIN NENE TALLAHASSEE FL 32301 US			Mailing Address 1501 CHOWKEEBIN NENE TALLAHASSEE FL 32301 US		
2. Principal Place of Business - No P.O. Box #. <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-2422049 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, BARBARA A 373 E. JEFFERSON ST. QUINCY FL 32351			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 accept the obligations of registered agent. SIGNATURE <i>N/A</i> <div style="text-align: right; font-size: small;"> DATE </div>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERRY, SHAWN 1501 CHOWKEEBIN NENE TALLAHASSEE FL 32301	<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERRY, VENESSA A 1501 CHOWKEEBIN NENE TALLAHASSEE FL 32301	<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.				<div style="text-align: right;"> 8-7-07 </div>	
SIGNATURE <i>Shawn Berry</i>				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					