


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90164 026 ****50.00

DOCUMENT # L03000053282 1. Entity Name PUBLIC WORKS SUPPLY, LLC					
Principal Place of Business 309 SOUTH BARTRAM TR JACKSONVILLE, FL 32259			Mailing Address 309 SOUTH BARTRAM TR JACKSONVILLE, FL 32259		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03022007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 54-2135546				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DRISKELL, DEBRA L 309 SOUTH BARTRAM TR JACKSONVILLE, FL 32259			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRISKELL, DEBRA L 309 SOUTH BARTRAM TR JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRISKELL, DEBRA L. 309 SOUTH BARTRAM TR JACKSONVILLE, FL 32259 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRISKELL, GREGORY 309 SOUTH BARTRAM TR JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRISKELL, GREGORY 309 SOUTH BARTRAM TR JACKSONVILLE, FL 32259 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____			3-18-07 9047332121		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		