2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L03000053282

Entity Name: PUBLIC WORKS SUPPLY, LLC

Current Principal Place of Business:

309 SOUTH BARTRAM TR
JACKSONVILLE, FL 32259

New Principal Place of Business:

309 SOUTH BARTRAM TRAIL
JACKSONVILLE, FL 32259

Current Mailing Address:

309 SOUTH BARTRAM TR
JACKSONVILLE, FL 32259

New Mailing Address:

309 SOUTH BARTRAM TRAIL
JACKSONVILLE, FL 32259

FEI Number: 54-2135546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRISKELL, DEBRA L
309 SOUTH BARTRAM TR
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DRISKELL, DEBRA L
Address: 309 SOUTH BARTRAM TR
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM ( ) Delete
Name: DRISKELL, GREGORY
Address: 309 SOUTH BARTRAM TR
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DRISKELL, DEBRA L
Address: 309 SOUTH BARTRAM TRAIL
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM (X) Change ( ) Addition
Name: DRISKELL, GREGORY
Address: 309 SOUTH BARTRAM TRAIL
City-St-Zip: JACKSONVILLE, FL 32259

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: DEBRA DRISKELL MGR 03/12/2009

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