

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

1. Entity Name  
JOHN HANSEN CONSTRUCTION SERVICES, LLC



**Mailing Address**  
4919 SW 46 STREET  
GAINESVILLE, FL 32608

**DO NOT WRITE IN THIS SPACE**



CR2E083 (12/07)

Applied For
Not Applicable

7

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DAT

000000920742  
05/14/08-80056-007 138.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9.	MANAGING MEMBERS/MANAGERS
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TITLE	MGR
NAME	HANSEN, JOHN E
STREET ADDRESS	4919 SW 46TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone #