

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053752

FILED  
Sep 19, 2008  
Secretary of State

**Entity Name:** ERIC J. BENNETT, CONTRACTOR, LLC

**Current Principal Place of Business:**

2445 STONEVIEW RD.  
ORLANDO, FL 328065075 US

**New Principal Place of Business:**

2801 VINE ST  
ORLANDO, FL 32806 US

**Current Mailing Address:**

2445 STONEVIEW RD.  
ORLANDO, FL 328065075 US

**New Mailing Address:**

2801 VINE STREET  
ORLANDO, FL 32806 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BENNETT, ERIC J  
2445 STONEVIEW ROAD  
ORLANDO, FL 2806 US

**Name and Address of New Registered Agent:**

BENNETT, ERIC J  
2801 VINE STREET  
ORLANDO, FL 32806 US

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: ERIC J. BENNETT

09/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BENNETT, ERIC J  
Address: 2445 STONEVIEW ROAD  
City-St-Zip: ORLANDO, FL 32806 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BENNETT, ERIC J  
Address: 2801 VINE ST  
City-St-Zip: ORLANDO, FL 32806 US

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: ERIC J. BENNETT

MGR

09/19/2008

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