

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056572

FILED
Feb 02, 2008
Secretary of State

Entity Name: ALPHA CONTRACTING L.C.

Current Principal Place of Business:

85 ANDERSON STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

85 ANDERSON STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 52-2421995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KINSEY, CARL M
85 ANDERSON STREET
ST. AUGUSTINE, FL 32084 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: CRAWFORD, DAPHNE C
Address: 85 ANDERSON STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM () Delete
Name: KINSEY, CARL M
Address: 85 ANDERSON STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRAWFORD, DAPHNE C
Address: 1835 US HIGHWAY 1 S #119-304
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAPHNE C. CRAWFORD

MM

02/02/2008

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