

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006374

FILED
May 02, 2009
Secretary of State

Entity Name: REIDAR HOIDALEN BUILDER, L.L.C.

Current Principal Place of Business:

4041 PASSPORT LANE #206
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

4041 PASSPORT LANE #101
NEW PORT RICHEY, FL 34653

Current Mailing Address:

4041 PASSPORT LANE #206
NEW PORT RICHEY, FL 34653

New Mailing Address:

4041 PASSPORT LANE #101
NEW PORT RICHEY, FL 34653

FEI Number: 20-0491817 FEI Number Applied For () FEI Number Not Applicable () 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:

HOIDALEN, REIDAR E
4041 PASSPORT LANE #206
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

HOIDALEN, REIDAR E
4041 PASSPORT LANE #101
NEW PORT RICHEY, FL 34653 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:

05/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: SOLE () Delete
Name: REIDAR HOIDALEN BUILDER, L.L.C.
Address: 4041 PASSPORT LANE #206
City-St-Zip: NEW PORT RICHEY, FL 34653 US

ADDITIONS/CHANGES:

Title: SOLE (X) Change () Addition
Name: REIDAR HOIDALEN BUILDER, L.L.C.
Address: 4041 PASSPORT LANE #101
City-St-Zip: NEW PORT RICHEY, FL 34653 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: REIDAR E. HOIDALEN

SOLE

05/02/2009

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