


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90126 031 ***138.75

DOCUMENT # L04000028936

1. Entity Name
GORDY HAYNES STATE CERTIFIED GENERAL CONTRACTOR, LLC



Principal Place of Business
**610 EMERALD LANE
 HOLMES BEACH, FL 34217**

Mailing Address
**610 EMERALD LANE
 HOLMES BEACH, FL 34217**

60021157



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number
37-148822

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**HAYNES, GORDON R
 617 FOXWORTH LN
 HOLMES BEACH, FL 34217**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAYNES, GORDON R 617 FOXWORTH LN HOLMES BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gordy Haynes* **Gordy Haynes** Date: Apr 11, 08 Daytime Phone # _____