

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071871

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** THOMAS T. WHITE, GENERAL CONTRACTOR, LLC

**Current Principal Place of Business:**

371374 KINGS FERRY RD  
HILLIARD, FL 32046

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1584  
HILLIARD, FL 32046

**New Mailing Address:**

**FEI Number:** 20-1703370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WHITE, THOMAS T  
371374 KINGSFERRY ROAD  
HILLIARD, FL 32046 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: WHITE, THOMAS T  
Address: 371374 KINGSFERRY ROAD  
City-St-Zip: HILLIARD, FL 32046

Title: MGRM ( ) Delete  
Name: JOHNSON, ROLLEN Y  
Address: 306 PEACH STREET  
City-St-Zip: FOLKSTON, GA 31537

**ADDITIONS/CHANGES:**

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

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: THOMAS T. WHITE

MGRM

01/04/2008

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