2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# L04000072901

Entity Name: KWM CONSTRUCTION, LLC

Current Principal Place of Business:

6880 46TH AVE. N. SUITE 250
ST. PETERSBURG, FL 33709

New Principal Place of Business:

366 145TH AVE.
ST. PETERSBURG, FL 33708

Current Mailing Address:

PO BOX 86384
ST. PETERSBURG, FL 33708

New Mailing Address:

PO BOX 86333
ST. PETERSBURG, FL 33738

FEI Number: 20-1744711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RICHARDS-MCCLAIN, SUSAN
366 145TH AVE
ST. PETERSBURG, FL 33708 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: MCCLAIN, KENNETH W
Address: 366 145TH AVE
City-St-Zip: ST. PETERSBURG, FL 33708

Title: MGRM ( ) Delete
Name: RICHARDS-MCCLAIN, SUSAN
Address: 366 145TH AVE
City-St-Zip: ST. PETERSBURG, FL 33708

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: RICHARDS-MCCLAIN, SUSAN R
Address: 366 145TH AVE
City-St-Zip: ST. PETERSBURG, FL 33708

Title: V.P. (X) Change ( ) Addition
Name: MCCLAIN, KENNETH W
Address: 366 145TH AVE
City-St-Zip: ST. PETERSBURG, FL 33708

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: SUSAN RICHARDS-MCCLAIN PRES 02/06/2009

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