

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083572

Entity Name: MICONSTRUCTION, LLC.

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

15367 CAPE DRIVE NORTH  
JACKSONVILLE, FL 32226 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8192  
JACKSONVILLE, FL 32239 US

**New Mailing Address:**

FEI Number: 20-1893141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, KEVIN B  
15367 CAPE DR NORTH  
JACKSONVILLE, FL 32226 US

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

ALL FLORIDA FIRM, INC  
813 DELTONA BLVD STE A  
BOX 1379594  
DELTONA, FL 32725 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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC

01/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOORE, KEVIN B  
Address: P.O. BOX 8192  
City-St-Zip: JACKSONVILLE, FL 32239 US

**ADDITIONS/CHANGES:**

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: CHRISTINA CLARK FOR KEVIN B MOORE

MGRM

01/19/2009

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