

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004352

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** JOSEPH GONDOS CONTRACTOR, L.L.C.

**Current Principal Place of Business:**

2193 CAMPUS DRIVE  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

2193 CAMPUS DRIVE  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 36-4567164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONDOS, JOSEPH  
2193 CAMPUS DRIVE  
CLEARWATER, FL 33764 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  
Name: GONDOS, JOSEPH  
Address: 2193 CAMPUS DRIVE  
City-St-Zip: CLEARWATER, FL 33764

Title: MGRM  
Name: GONDOS, EVA  
Address: 2193 CAMPUS DRIVE  
City-St-Zip: CLEARWATER, FL 33764

Title: MGRM  
Name: GONDOS, ENIKO  
Address: 2193 CAMPUS DRIVE  
City-St-Zip: CLEARWATER, FL 33764

I hereby 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: JOSEPH GONDOS

MGRM

04/18/2010

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