

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000007928

FILED
Sep 17, 2009
Secretary of State**Entity Name:** INLAWS & OUTLAWS CONSTRUCTION SERVICES, LLC**Current Principal Place of Business:**51 SIMMONS RD
DEFUNIAK SPRINGS, FL 32435 US**New Principal Place of Business:****Current Mailing Address:**51 SIMMON RD
DEFUNIAK SPRINGS, FL 32435 US**New Mailing Address:****FEI Number:** 20-2224714**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MENSER, CHARLES
51 SIMMONS RD
DEFUNIAK SPRINGS, FL 32435 US**Name and Address of New Registered Agent:**MENSER, CHARLES MGR
51 SIMMONS RD
DEFUNIAK SPRINGS, FL 32435 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: SUSAN MENSER

09/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: MENSER, CHARLES
Address: 51 SIMMONS RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 USTitle: VP () Delete
Name: MENSER, SUSAN R VP
Address: 51 SIMMONS RD
City-St-Zip: DFS, FL 32435Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SEC () Change (X) Addition
Name: ROWELL, JONATHAN
Address: 51 SIMMONS RD
City-St-Zip: DEFUNIAKS SPRINGS, FL 32345 US

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 MENSER

VP

09/17/2009

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