

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016385

Entity Name: C & L CONSTRUCTION LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

PO BOX 369
SOPCHOPPY, FL 32358

New Principal Place of Business:

8028 SMITH CREEK HIGHWAY
SOPCHOPPY, FL 32358

Current Mailing Address:

PO BOX 369
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: 56-2501315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUM, COREY M
712 SMITH CREEK RD
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

LAWHON, SHAWN M
8028 SMITH CREEK HIGHWAY
SOPCHOPPY, FL 32358 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: SHAWN M. LAWHON

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRUM, COREY M
Address: PO BOX 451
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGRM () Delete
Name: CRUM, RANDY J
Address: PO BOX 348
City-St-Zip: PANACEA, FL 32346

Title: MGRM () Delete
Name: LAWHON, SHAWN
Address: 8028 SMITH CREEK HWY
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES:

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

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: SHAWN M. LAWHON

MGRM

01/11/2008

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