2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L05000016385

Entity Name: C & L CONSTRUCTION LLC

Current Principal Place of Business:

8028 SMITH CREEK HIGHWAY
SOPCHOPPY, FL 32358

New Principal Place of Business:

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:

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: LAWHON, SHAWN
Address: 8028 SMITH CREEK HIGHWAY
City-St-Zip: SOPCHOPPY, FL 32358 US

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 LAWHON MGRM 01/16/2009

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