

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020830

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** MILLCREEK CONTRACTORS LLC

**Current Principal Place of Business:**

16900 NE 148TH TERR RD.  
FT. MCCOY, FL 32134

**New Principal Place of Business:**

16900 NE 148TH TERRACE RD  
FT MCCOY, FL 32134

**Current Mailing Address:**

16900 NE 148TH TERR RD.  
FT. MCCOY, FL 32134

**New Mailing Address:**

16900 NE 148TH TERRACE RD  
FT MCCOY, FL 32134

**FEI Number:** 33-1112719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMINE, DAX A  
16900 NE 148TH TERR RD.  
FT. MCCOY, FL 32134 US

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

ROMINE, DAX A  
16900 NE 148TH TERRACE RD  
FT MCCOY, FL 32134 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:** DAX ROMINE

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** ROMINE, DAX A  
**Address:** 16900 NE 148TH TERR RD.  
**City-St-Zip:** FT. MCCOY, FL 32134 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** ROMINE, DAX A  
**Address:** 16900 NE 148TH TERRACE RD  
**City-St-Zip:** FT MCCOY, FL 32134 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:** DAX ROMINE

MGR

04/30/2009

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