2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L05000020981

Entity Name: DAVE'S MIDWEST BUILDING SERVICE LLC

Current Principal Place of Business:

10453 N GRANVILLE RD
MILWAUKEE, WI 53097

New Principal Place of Business:

Current Mailing Address:

10453 N GRANVILLE RD
MILWAUKEE, WI 53097

New Mailing Address:

FEI Number: 20-0910819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC.
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 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: MGR ( ) Delete
Name: LARSON, DAVID
Address: 10453 N GRANVILLE RD
City-St-Zip: MILWAUKEE, WI 53097

Title: MGRM ( ) Delete
Name: LARSON, JORDAN
Address: 10453 N GRANVILLE RD
City-St-Zip: MILWAUKEE, WI 53097

Title: MGRM ( ) Delete
Name: CAMPION, FRANK
Address: 10453 N GRANVILLE RD
City-St-Zip: MILWAUKEE, WI 53097

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: LARSON, ERIC
Address: 10453 N GRANVILLE RD
City-St-Zip: MILWAUKEE, WI 53097

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: DEVIN NEWMAN FOR DAVID LARSON MGR 01/07/2009

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