

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022360

Entity Name: DC CONSTRUCTION SERVICES, LLC

FILED  
Feb 12, 2009  
Secretary of State

**Current Principal Place of Business:**

1449 PINE ST  
NICEVILLE, FL 32578

**New Principal Place of Business:**

402 PEORIA BLVD  
CRESTVIEW, FL 32536

**Current Mailing Address:**

PO BOX 247  
NICEVILLE, FL 32588

**New Mailing Address:**

FEI Number: 16-1722390      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EARLY, DAN A  
373 ANDREW DRIVE  
VALPRAISO, FL 32580      US

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

DOWNS, CORY M  
402 PEORIA BLVD  
CRESTVIEW, FL 32536      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: CORY M. DOWNS

02/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DOWNS, CORY M  
Address: PO BOX 247  
City-St-Zip: NICEVILLE, FL 32588

**ADDITIONS/CHANGES:**

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

Title: MGR      ( ) Delete  
Name: EARLY, DAN A  
Address: 373 ANDREW DRIVE  
City-St-Zip: VALPRAISO, FL 32580

Title:      MGR      (X) Change ( ) Addition  
Name: DOWNS, SARAH K  
Address: PO BOX 247  
City-St-Zip: NICEVILLE, FL 32588

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: CORY M. DOWNS

MGR

02/12/2009

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