


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000045556	
1. Entity Name VOLZ CONSTRUCTION AND CONSULTING, LLC	

Principal Place of Business 33 EAST MCIVER ST. MACCLENNY, FL 32063	Mailing Address 33 EAST MCIVER ST. MACCLENNY, FL 32063
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3123888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Thomas C. Volz* *4-24-08*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANCE, LEE J 2206 IPSWITCH DRIVE THOMPSONS STATION, TN 37179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHODEN, TINA M 515 SOUTH 6TH STREET MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOLZ, THOMAS C 515 SOUTH 6TH STREET MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOLZ, BRANDI R 515 SOUTH 6TH STREET MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000325477
05/20/08-80023-007 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Thomas C. Volz* *4-24-08* *904-219-6745*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #