

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045696

FILED
Jan 05, 2009
Secretary of State

Entity Name: SUPPORT 100 CONSTRUCTION, LLC

Current Principal Place of Business:

4975 PINEWOOD PLACE
COCOA, FL 32926

New Principal Place of Business:

105 ALAMEDA DRIVE
MERRITT ISLAND, FL 32952

Current Mailing Address:

4975 PINEWOOD PLACE
COCOA, FL 32926

New Mailing Address:

105 ALAMEDA DRIVE
MERRITT ISLAND, FL 32952

FEI Number: 20-4843841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOODWIN, GARY L
105 ALAMEDA DRIVE
MERRITT ISLAND, FL 32952 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: COOK, WALLACE R
Address: 4975 PINEWOOD PLACE
City-St-Zip: COCOA, FL 32926

Title: MGR () Delete
Name: COOK, JUDITH A
Address: 4975 PINEWOOD PL
City-St-Zip: COCOA, FL 32926

Title: MGR () Delete
Name: GOODWIN, GARY L
Address: 105 ALAMEDA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES:

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

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

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: GARY L. GOODWIN

MGR

01/05/2009

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