

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050288

FILED  
Feb 12, 2008  
Secretary of State

Entity Name: COX GENERAL CONTRACTING, LLC

**Current Principal Place of Business:**

37011 LAKE YALE PLACE  
GRAND ISLAND, FL 32735

**New Principal Place of Business:**

**Current Mailing Address:**

37011 LAKE YALE PLACE  
GRAND ISLAND, FL 32735

**New Mailing Address:**

FEI Number: 56-2515476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145 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: COX, JEREMY  
Address: 37011 LAKE YALE PLACE  
City-St-Zip: GRAND ISLAND, FL 32735

Title: MGR ( ) Delete  
Name: COX, CHARISE  
Address: 37011 LAKE YALE PLACE  
City-St-Zip: GRAND ISLAND, FL 32735

Title: SEC ( ) Delete  
Name: BOONE, TERRY A  
Address: 1507 S POINTE DRIVE  
City-St-Zip: LEESBURG, FL 32748

**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: JEREMY K COX

MGR

02/12/2008

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