


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90019 049 ****50.00

DOCUMENT # L05000061570 1. Entity Name DWAYNE POUSSONS CONSTRUCTION SERVICES LLC					
Principal Place of Business 4052 ERIKA CT. PENSACOLA, FL 32526			Mailing Address 4052 ERIKA CT. PENSACOLA, FL 32526		
2. Principal Place of Business <i>4052 Erika Ct.</i> Pensacola Fl. 32526 Suite, Apt. #, etc.		3. Mailing Address 4052 Erika Ct. Suite, Apt. #, etc.			
City & State Pensacola Fla. Zip 32526		City & State Pensacola, Fla. Zip 32526		4. FEI Number 20-2842846	
Country Escambia		Country Escambia		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				05012006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent POUSSON, DWAYNE S 4052 ERIKA CT. PENSACOLA, FL 32526			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Dwayne Pousson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POUSSON, DWAYNE S 4052 ERIKA CT. PENSACOLA, FL 32526	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pousson, Alice F. 4052 Erika Ct. Pensacola, Fl. 32526
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Dwayne Pousson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				5-1-06 850-232-1959 <small>Date Daytime Phone #</small>	