

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063366

FILED
Apr 30, 2008
Secretary of State

Entity Name: SQUIREWOOD CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

9793 WEST SANTA MONICA DRIVE
PALM CITY, FL 33990

New Principal Place of Business:

9793 SW SANTA MONICA DRIVE
PALM CITY, FL 33990

Current Mailing Address:

9793 WEST SANTA MONICA DRIVE
PALM CITY, FL 33990

New Mailing Address:

9793 SW SANTA MONICA DRIVE
PALM CITY, FL 33990

FEI Number: 72-1601289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPPAPORT, GERALD P
9793 WEST SANTA MONICA DRIVE
PALM CITY, FL 33990 US

Name and Address of New Registered Agent:

RAPPAPORT, GERALD P
9793 SW SANTA MONICA DRIVE
PALM CITY, FL 33990 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAPPAPORT, GERALD P
Address: 9793 WEST SANTA MONICA DRIVE
City-St-Zip: PALM CITY, FL 33990

Title: MGRM () Delete
Name: DE AREVALO, YINI P
Address: 9496 BOCA RIVER CIRCLE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

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: GERALD P RAPPAPORT

MGRM

04/30/2008

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