

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063524

FILED
Apr 13, 2009
Secretary of State

Entity Name: FLORIDA DIRT SOURCE, LLC

Current Principal Place of Business:

5485 GOLDEN GATE PKWY
2 WEST
NAPLES, FL 34116 US

Current Mailing Address:

5485 GOLDEN GATE PKWY
2 WEST
NAPLES, FL 34116 US

New Principal Place of Business:

5475 GOLDEN GATE PKWY
5 WEST
NAPLES, FL 34116 US

New Mailing Address:

5475 GOLDEN GATE PKWY
5 WEST
NAPLES, FL 34116 US

FEI Number: 20-3063206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEHRING, CHRISTOPHER
5485 GOLDEN GATE PKWY
2 WEST
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

GEHRING, CHRISTOPHER
5475 GOLDEN GATE PKWY
5 WEST
NAPLES, FL 34116 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:

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEHRING, CHRISTOPHER
Address: 5475 GOLDEN GATE PKWY, #2WEST
City-St-Zip: NAPLES, FL 34116 US

Title: MGRM () Delete
Name: ROUSSEAU, GERARD
Address: 5475 GOLDEN GATE PKWY,
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GEHRING, CHRISTOPHER
Address: 5475 GOLDEN GATE PKWY, #5WEST
City-St-Zip: NAPLES, FL 34116 US

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: GERARD ROUSSEAU

MGMR

04/13/2009

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