

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066276

Entity Name: DL CONTRACTING, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

225 W KING ST
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

225 W KING ST
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-3103704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKARD, DONALD L
223 OAK RIDGE DRIVE
WELAKA, FL 32193 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: DONALD L. LOCKARD JR.
Address: 13435 FOXHAVEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGR () Delete
Name: CHARLES M LOCKARD
Address: 223 OAK RIDGE DRIVE
City-St-Zip: WELAKA, FL 32193 US

Title: MGRM () Delete
Name: DONALD L LOCKARD
Address: 223 OAK RIDGE DRIVE
City-St-Zip: WELAKA, FL 32193 US

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: DONALD L. LOCKARD

PRES

04/14/2009

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