2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90063 049 ***138.75

DOCUMENT # L05000071464

1. Entity Name

UNRUH CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
1011 S. LOCKWOOD RIDGE ROAD SARASOTA FL 34237 US	1011 S. LOCKWOOD RIDGE ROAD SARASOTA FL 34237 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #: 1250 File Ave.
Suite, Apt. #, etc.
City & State: Sarasota, Fl.
Zip: 34239
Country:

3. Mailing Address: 1250 File Ave.
Suite, Apt. #, etc
City & State: Sarasota, Fl.
Zip: 34239
Country:

4. FEI Number: 20-3209631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

UNRUH, HAROLD E
1011 S. LOCKWOOD RIDGE ROAD
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name: Harold E. Unruh
Street Address (P.O. Box Number is Not Acceptable): 1250 File St.
City: Sarasota, Fl **FL** Zip Code: 34239

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: Harold E. Unruh 1-22-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	UNRUH, HAROLD E	
STREET ADDRESS	1011 S. LOCKWOOD RIDGE ROAD	
CITY-ST-ZIP	SARASOTA FL 3437	
TITLE	MGRM	☐ Delete
NAME	UNRUH, KENTON E	
STREET ADDRESS	1250 FILE AVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Harold E. Unruh Harold E. Unruh 1-22-08 1-941-366-9442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #