


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000076148 1. Entity Name DEMAREST CONTRACTING, LLC	
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Principal Place of Business 1012 MONROE DR LEHIGH ACRES, FL 33936	Mailing Address 1012 MONROE DR LEHIGH ACRES, FL 33936
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3292801	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEMAREST, RICHARD P II
 1012 MONROE DR
 LEHIGH ACRES, FL 33936

DO NOT WRITE IN THIS SPACE

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:  DATE: 2/8/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

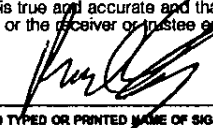
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMAREST, RICHARD P II 1012 MONROE DR LEHIGH ACRES, FL 33936
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 02/20/08-80036-017 143.75

DO NOT WRITE IN THIS SPACE

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:  DATE: 2/8/08 DAYTIME PHONE #: 239-565-5796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #