

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 8:00 am
Secretary of State

01-29-2008 90065 032 ***143.75

DOCUMENT # L05000087710 1. Entity Name HLH CONSTRUCTION SERVICES, LLC	
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Principal Place of Business 226 SOUTH PALAFOX PLACE SUITE 401 PENSACOLA, FL 32502 US	Mailing Address 226 SOUTH PALAFOX PLACE SUITE 401 PENSACOLA, FL 32502 US
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DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3422030

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

CHASTAIN, MARK
226 SOUTH PALAFOX PLACE
SUITE 401
PENSACOLA, FL 32502

**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 MARK CHASTAIN DATE 01-18-08

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	MGRM CHASTAIN, MARK 226 SOUTH PALAFOX PLACE SUITE 401 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRELSON, GREGORY 226 SOUTH PALAFOX PLACE SUITE 401 PENSACOLA, FL 32502
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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: MARK CHASTAIN DATE 02-27-08 DAYTIME PHONE # 850-432-8161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE