

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091490

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: T1 CONSTRUCTION SERVICES LLC

**Current Principal Place of Business:**

3230 KLINE ROAD  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

3230 KLINE ROAD  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 16-1732813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

BARGER, PATRICK T MGR  
3230 KLINE RD  
JACKSONVILLE, FL 32246 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: PATRICK BARGER

01/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRT ( ) Delete  
Name: BARGER, PATRICK  
Address: 3230 KLINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRS (X) Delete  
Name: MCKINZIE, MIKE  
Address: 3230 KLINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BARGER, PATRICK  
Address: 3230 KLINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

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: PATRICK BARGER

MGR

01/27/2009

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