## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000096074**

1. Entity Name
ARCON CONSTRUCTION LLC



## **FILED** Apr 17, 2008 8:00 am Secretary of State 04-17-2008 90168 048 \*\*\*138.75

Principal Place of Business 3301 SW 13TH STREET L210 GAINESVILLE, FL 32608		Mailing Address 3301 SW 13TH STREET L210 GAINESVILLE, FL 32608						500	0415	3	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				0415200	8 Chg	j-LLC	CR2E0	83 (12/06)	•
City & State		City & State				4. FEI Nui	nber 329884			<u> </u>	pplied For
Zip	Country	Zip	Country	,		5. Certific		ıs Desired		\$5.00 Ad Fee Require	
	6. Name and Address of Current	Penietered Agent				7 Nome		an of Nam			
	v. Name and Address of Carrent	registered Agent		Name _		7. Name (	ina Adare	SS OI NOW	Registered /	agent	
	PAK I3TH STREET L210 LLE, FL 32608					(P.O. Box Number is Not Acceptable)					
				City					FL	Zip Coo	
8. The above the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered	office or i	registere	ed agent, or	both, in the	e State of	Florida. I am	familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent (	and title if applicable. (NOTE	E: Registered A	gent signatur	e required	when reinstating			DATE		<del> </del>
After May	NOWIII FEE IS \$138.75 1, 2008 Fee will be \$538.75	<u> </u>					7.96.	Flori	ake check p da Departm	ent of Stat	te -
9	MANAGING MEMBE	RS/MANAGERS	10.					ADDITION	S/CHANGES		
TITLE	MGRM	Delete	TITLE	1	MGRM					Change	Addition
NAME	VORA, MUNIR		NAME		VORA,	MUNIR					
STREET ADDRESS	3301 SW 13TH ST L210		STREET	ADDRESS	3301	SW 13TH	ST L210	)			
CITY - ST - ZIP	MIDDLEBURG, FL 32068		CITY-\$1	T-ZIP	GAINE	SVILLE,	FL 3260	38			
TITLE	MGRM	☐ Delete	TITLE							☐ Change	☐ Addition
NAME	SHAH, DIPAK C	□ Delete	NAME							Change	Addition
STREET ADDRESS	3301 SW 13TH ST L210			ADDRESS							
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST								
TITLE		☐ Delete	TITLE							☐ Change	☐ Addition
NAME		Delete	NAME	- 1				-		change	Addition
STREET ADDRESS				ADDRESS							
CITY-ST-ZIP			CITY-ST								
TITLE		☐ Delete	TITLE							Channe	☐ Addition
NAME		La belete	NAME							☐ Change	L Addition
STREET ADDRESS				ADDRESS							
CITY-ST-ZIP			CITY-ST								
TITLE		☐ Delete	TITLE							☐ Change	Addition
NAME CYCCET ADORESC			NAME								
STREET ADDRESS			E .	ADDRESS							
CITY-ST-ZIP		<del> </del>	City-st	1-ZIP							
TITLE		☐ Delete	TITLE							Change	Addition
NAME			NAME								
STREET ADDRESS			STREET	ADDRESS							
CITY-ST-ZIP			CITY-ST	T- ZIP							
11. Thereby o	certify that the information supplied with	this filing does not qualify for	the exemp	otions con	ntained i	n Chapter 1	19, Florida	Statutes. I	further certify	that the inf	ormation

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:** 

DIPAK C. SHAH, MGRM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(352) 271-1137

Daytime Phone #