

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104708

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** COMPANY D.E.A.K. EXCAVATION & RESIDENTIAL IMPROVEMENTS LLC

**Current Principal Place of Business:**

6515 N BLUE ANGEL PKWY  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

6515 N BLUE ANGEL PKWY  
PENSACOLA, FL 32526

**New Mailing Address:**

**FEI Number:** 20-3676343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROCKWELL ACCOUNTING LLC  
912 W MICHIGAN AVE  
PENSACOLA, FL 32505 US

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

ABC, INC  
707 NORTH PACE BOULEVARD  
A  
PENSACOLA, FL 32505 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: SHERRIE CHRISTIAN

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAWLS, LONNIE L  
Address: 6515 N BLUE ANGEL PKWY  
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete  
Name: RAWLS, ADRIANE T  
Address: 6515 N BLUE ANGEL PKWY  
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete  
Name: RAWLS, KIENAN T  
Address: 6515 N BLUE ANGEL PKWY  
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete  
Name: RAWLS, SHOMARI  
Address: 6515 N BLUE ANGEL PKWY  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: RAWLS, AIZJA  
Address: 6515 NORTH BLUE ANGEL PARKWAY  
City-St-Zip: PENSACOLA, FL 32526

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: LONNIE L RAWLS

MG

04/30/2008

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