2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002644

Entity Name: AMMONS CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
794 NANCY DARBY ROAD PONCE DE LEON, FL 32455	

Current Mailing Address:	**New Mailing Address:**
794 NANCY DARBY ROAD PONCE DE LEON, FL 32455	

FEI Number: 20-4176608   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
AMMONS, ROBBY A 794 NANCY DARBY ROAD PONCE DE LEON, FL 32455 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: _____

  Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	AMMONS, ROBBY A	Name:	
Address:	794 NANCY DARBY ROAD	Address:	
City-St-Zip:	PONCE DE LEON, FL 32455	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	AMMONS, PAMELA	Name:	
Address:	794 NANCY DARBY ROAD	Address:	
City-St-Zip:	PONCE DE LEON, FL 32455	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: ROBBY A AMMONS   MGRM   03/05/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date