

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006836

FILED  
Feb 26, 2008  
Secretary of State

Entity Name: FLORIDA CERTIFIED CONTRACTORS LLC

## Current Principal Place of Business:

317 J.W. COURT  
ST. AUGUSTINE, FL 32086

## New Principal Place of Business:

1711 LAKESIDE AVE SUITE 5  
SUITE 5  
ST. AUGUSTINE, FL 32084

## Current Mailing Address:

317 J.W. COURT  
ST. AUGUSTINE, FL 32086

## New Mailing Address:

1711 LAKESIDE AVE SUITE 5  
SUITE 5  
ST. AUGUSTINE, FL 32084

FEI Number: 20-4214240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSSO, ADAM H  
317 J.W. COURT  
ST.AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

RUSSO, ADAM H  
1711 LAKESIDE AVE  
SUITE 5  
ST.AUGUSTINE, FL 32084 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: ADAM RUSSO

02/26/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RUSSO, ADAM H  
Address: 317 J.W. COURT  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: MGRM ( ) Delete  
Name: RUSSO, DOUG A  
Address: 317 J.W. COURT  
City-St-Zip: ST.AUGUSTINE, FL 32086 US

## ADDITIONS/CHANGES:

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

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: ADAM RUSSO

MGR

02/26/2008

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