## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L06000021660**

1. Entity Name
VALLIANOS CONSTRUCTION, LLC



Principal Place of Business

119 ALONQUIN TERRACE INDIAN HARBOUR BEACH, FL 32937 Mailing Address

119 ALONQUIN

INDIAN HARBOUR BEACH, FL 32937

## FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90162 030 \*\*\*138.75



DO NOT WRITE IN THIS SPACE

03182008No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For NOT APPLICABLE Not Applicable

5. Confidence of Status Posited S. 5.00 Additional

5. Certificate of Status Desired

\$5.00 Addition
Fee Required

6. Name and Address of Current Registered Agent

VALLIANOS, KELLIE F 119 ALONQUIN TERRACE INDIAN HARBOUR BEACH, FL 32937 DO NOT WRITE IN THIS SPACE

	<u> </u>	
8. 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. I am familiar with, and accept		
the obligations of registered agent.		
SIGNATURE		
	Signature speed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) , DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	- MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM VALLIANOS, DENIS 119 ALONQUIN TEICRACE INDIAN HARBOUR BEACH, FL 32937	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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: Denis VALLIANOS 4/3/08 (321)-773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ate /

Daytime Phone #