

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034756

FILED
May 02, 2007
Secretary of State

Entity Name: KINGDOM CONSTRUCTION LLC

Current Principal Place of Business:

584 QUARTERHORSE LANE
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

584 QUARTERHORSE LANE
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 20-4522390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GALLIEN, TIM
584 QUARTERHORSE LANE
BUNNELL, FL 32110 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:

Title: MGR () Delete
Name: GALLIEN, TIM
Address: 584 QUARTERHORSE LANE
City-St-Zip: BUNNELL, FL 32110

Title: P () Delete
Name: GALLIEN, TIM
Address: 584 QUARTERHORSE LANE
City-St-Zip: BUNNELL, FL 32110

Title: MGRM () Delete
Name: GALLIEN, LAURA L
Address: 584 QUARTERHORSE LANE
City-St-Zip: BUNNELL, FL 32110

Title: VS () Delete
Name: GALLIEN, LAURA L
Address: 584 QUARTERHORSE LANE
City-St-Zip: BUNNELL, FL 32110

Title: MGRM () Delete
Name: SHEARS, STEVE
Address: 53 POINSETTI DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM (X) Delete
Name: BRAUCHER, CHRIS
Address: 53 POINSETTI DR
City-St-Zip: ORMOND BEACH, FL 32176

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

Title: MGRM (X) Change () Addition
Name: SHEARS, STEVE
Address: 584 QUARTERHORSE LANE
City-St-Zip: BUNNELL, FL 32174

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: TIM GALLIEN

MGRM

05/02/2007

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