

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038623

FILED
Mar 25, 2009
Secretary of State

Entity Name: SPIVEY'S CONSTRUCTION, L.L.C.

Current Principal Place of Business:

11909 69TH STREET EAST
PARRISH, FL 34219

New Principal Place of Business:

11909 69TH ST E
PARRISH, FL 34219 US

Current Mailing Address:

11909 69TH STREET EAST
PARRISH, FL 34219

New Mailing Address:

11909 69TH ST E
PARRISH, FL 34219 US

FEI Number: 20-4787865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIVEY, TONY L
11909 69TH STREET EAST
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

SPIVEY, TONY L
11909 69TH ST E
PARRISH, FL 34219 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:

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPIVEY, TONY L
Address: 11909 69TH STREET EAST
City-St-Zip: PARRISH, FL 34219

Title: MGR () Delete
Name: SPIVEY, BART L
Address: 2751 N. RYE ROAD
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPIVEY, TONY L
Address: 11909 69TH ST E
City-St-Zip: PARRISH, FL 34219 US

Title: MGRM (X) Change () Addition
Name: SPIVEY, BART L
Address: 2751 N RYE RD
City-St-Zip: PARRISH, FL 34219 US

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: TONY L SPIVEY

MGRM

03/25/2009

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