2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# L06000044634

Entity Name: NEW CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

12001 NW 147TH PLACE
ALACHUA, FL 32616 US

New Principal Place of Business:

Current Mailing Address:

12001 NW 147TH PLACE
ALACHUA, FL 32616 US

New Mailing Address:

FEI Number: 20-4808889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LILLIE, EDDIE L
12001 NW 147TH PLACE
ALACHUA, FL 32616 US

Name and Address of New Registered Agent:

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:	MGRM	( ) Delete
Name:	LILLIE, EDDIE L	
Address:	12001 NW 147TH PLACE	
City-St-Zip:	ALACHUA, FL 32616 US	
Title:	MGRM	( ) Delete
Name:	WHANN, NOLA E	
Address:	14317 NW 41ST AVENUE	
City-St-Zip:	NEWBERRY, FL 32669 US	
Title:	MGRM	( ) Delete
Name:	MYERS, LESLEY P	
Address:	5503 SW 92ND WAY	
City-St-Zip:	GAINESVILLE, FL 32608 US	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLEY MYERS MGRM 03/08/2007

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