


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90359 021 ****50.00

DOCUMENT # L06000058267	
1. Entity Name R S H CONSTRUCTION, LLC	

Principal Place of Business 34 DUFFY LANE SANTA ROSA BCH, FL 32459 US	Mailing Address 34 DUFFY LANE SANTA ROSA BCH, FL 32459 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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POOLE, RYAN A 34 DUFFY LANE SANTA ROSA BCH, FL 32459			
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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.			
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SIGNATURE _____			
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Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POOLE, RYAN A 34 DUFFY LANE SANTA ROSA BCH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SULLIVAN, CASEY E 362 COMMERCE CR DEFUNIAK SPG, FL 32433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: <u>Ryan Poole</u>	

40100211



04252007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5072476	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

DATE _____	
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10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Date <u>5-1-07</u>	
Daytime Phone # <u>80699-4546</u>	