2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2009
Secretary of State

DOCUMENT# L06000058398

Entity Name: ODEN'S CUSTOM CONTRACTING LLC

Current Principal Place of Business:

1813 N. DEAN RD
SUITE # 106
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

251 LYNN ST
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 42-1706945 **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:

ODEN, ROBERT E
251 LYNN ST
OVIEDO, FL 32765 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: MGR ( ) Delete
Name: ODEN, ROBERT E
Address: 251 LYNN ST
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM ( ) Delete
Name: ODEN, PHYLLIS Y
Address: 251 LYNN ST
City-St-Zip: OVIEDO, FL 32765 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: ODEN, PHYLLIS Y
Address: 251 LYNN ST
City-St-Zip: OVIEDO, FL 32765 US

Title: MGR ( ) Change (X) Addition
Name: ODOM, RALPH JR
Address: P.O. BOX 680611
City-St-Zip: ORLANDO, FL 32868

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: ROBERT ODEN MGR 07/08/2009

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