2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L06000062458

1. Entity Name
WM B. IANIERO CONSTRUCTION, LLC



FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90032 024 ***138.75

				CO TO				
Principal Place of Business Mailing Address								
1023 SW CATALINA STREET		1023 SW CATALINA STREET						
PALM CITY, FL 34990		PALM CITY, FL 34990				OOGHU	UU	
					1 (BB) 1	A DUNG OND BOTH COME IN	ARTIN ANTO HISTORIAN BIRA	n magan
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
	SW Grey Fox Trail	2740 SW Martin Downs Blvd				2509 94x 95m Bem 20m	2011 2012 (125 2164) ex	2) (0100 to 1201
Suite. Apt.	¥, etc.	Suite, Apt. #, etc. # 281			02112008	Chg-LLC	CR2E083 (12/0	06)
City & State	e	City & State			4. FEI Numb			Applied For
	ntown, FL	Paĺm City, FL			20-5 <u>3</u>	16654		Not Applicable
Zip 34956	Country USA	^{Zip} 34990			5. Certificate	e of Status Desired		Additional
	6. Name and Address of Current	+ · · · · · · · · · · · · · · · · · · ·			7. Name and Address of New Registered Agent			
	C. Marie Bris Additions of Collect	- Na	Name					
BRODIE, LAWRENCE P								
	CAMDEN AVE		Str	eet Address (P.O. Box Numb	per is Not Acceptable)		
STUART, I	FL 34994		-	_			<u></u> _	
			Cib	City			Zip (Code
<u> </u>								
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.								
SIGNATURE								
Signature, typed or privated name or registered agent and title if applicable. (NOTE: Registered Agent leginature required when remissting) DATE								
Ett F MOMBIL EEF 10 0400						A 0.1	-1	_
File NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State				
Pidrida Department of State								LELO
9.	MANAGING MEMBEI	· · · · · ·	-	ADDITIONS/C	CHANGES			
TITLE	MGR	Delete	TITLE	MGR			K Chan	ge 🗋 Addition
NAME	IANIERO, WM B.		NAME		iero, WM	1 в.		
STREET ADDRESS	5			RESS 1900	05 SW Gr	ey Fox Trai	L 1 .	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		iantown,	FL 34956		
TITLE	MGR	Delete	TITLE	MGR			K) Chan	pe 🔲 Addition
NAME STREET ADDRESS	IANIERO, JOAN		NAME	1000	iero, Jo	an E T	•	
CITY-ST-ZIP			STREET ADDR	ESS 19005 SW Grey Fox Trail Indiantown, FL 34956				
	FACE CITY, TE SASSO							
TITLE NAME		Delete	TITLE	1			Chan	æ 🔲 Addition
STREET ADDRESS		1	STREET ADDR	acee				
CITY-ST-ZIP			CITY-ST-ZP]				
TITLE		☐ Delete	TITLE				☐ Chan	e [] Addition
HAME		C 56555	NAME		-			le "[] HEALKAN
STREET ADDRESS			STREET ADOR	RESS				
CITY-ST-ZIP			CITY-ST-ZIP	·				
TITLE		☐ Delete	TILE			=	☐ Chang	e 🔲 Addition
NAME			NAME					
STREET ADDRESS			STREET ADOR					
CITY-ST-ZIP			CITY-ST-ZP					
TITLE		Delete	TITLE				Chang	pe Addition
STREET ADDRESS			NAME STREET ADOR	acec				
CTTY-ST-ZIP)		CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filling 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 path; that I am a managing member or manager of the								
limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
Well of the state								
SIGNATURE: WILLIAM & TANCERO 4/25/08 (772)223-3470 SIGNATURE AND TYPED OR PRINTED NAME OF BIGNANG MEMORIS MEMORIS MANAGER, OR AUTHORIZED REPRESENTATIVE Data District Prints 6								
SIGNAT		TANCERD			<u> </u>	<u>/25/08</u>	(772)22	3-3470