


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90032 024 ***138.75

DOCUMENT # L06000062458	
1. Entity Name WM B. IANIERO CONSTRUCTION, LLC	

Principal Place of Business 1023 SW CATALINA STREET PALM CITY, FL 34990	Mailing Address 1023 SW CATALINA STREET PALM CITY, FL 34990
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2. Principal Place of Business - No P.O. Box # 19005 SW Grey Fox Trail	3. Mailing Address 2740 SW Martin Downs Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. #281
City & State Indiantown, FL	City & State Palm City, FL
Zip 34956	Country USA
Zip 34990	Country USA

02112008 Chg-LLC CRZE083 (12/06)

4. FEI Number 20-5316654	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BRODIE, LAWRENCE P 525 S.W. CAMDEN AVE. STUART, FL 34994	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IANIERO, WM B. 1023 SW CATALINA STREET PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ianiero, WM B. 19005 SW Grey Fox Trail Indiantown, FL 34956 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IANIERO, JOAN 1023 SW CATALINA STREET PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ianiero, Joan 19005 SW Grey Fox Trail Indiantown, FL 34956 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William B. Ianiero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/08 (772) 223-3470
Date Daytime Phone #