


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90017 028 ***138.75

DOCUMENT # L06000072555	
1. Entity Name RHINO CONTRACTING GROUP, LLC	

Principal Place of Business 211 COLORADO AVE STE 5 STUART, FL 34994	Mailing Address 211 COLORADO AVE STE 5 STUART, FL 34994
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60038073



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 305 SE Monterey Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

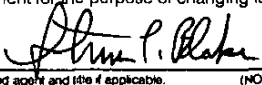
04212008 Chg-LLC CR2E083 (12/06)

City & State Stuart, Florida	City & State Stuart, Florida
Zip 34994	Country USA

4. FEI Number 02-0784473	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

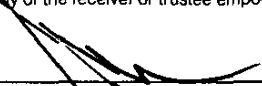
6. Name and Address of Current Registered Agent BLUKE, STEVEN C 2542 GAILWOOD DR BROOKSVILLE, FL 34605	
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7. Name and Address of New Registered Agent	
Name Blake, Steven C.	
Street Address (P.O. Box Number is Not Acceptable) 2542 Gailwood Drive	
City New Port Richey	FL Zip Code 34655-4808

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 	DATE 4/21/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENTLEY, CHARLES A 211 COLORADO AVE STE 5 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOROVINA, STEPHEN JOSEPH A JR 211 COLORADO AVE STE 5 STUART, FL 34994 <input type="checkbox"/> Delete	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"/> Delete	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"/> 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: 	Date _____ Daytime Phone # _____