



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
6/11 Jul 14, 2008 8:00 am  
Secretary of State

06-06-2008 90104 011 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L06000073263</b>   |  |  |  |    |  |
| 1. Entity Name<br>FLORIDA COMMERCIAL CONSTRUCTION, LLC   |  |  |  |   |  |
| Principal Place of Business<br>4823 W. SAN JOSE ST<br>TAMPA, FL 33629  |  |  | Mailing Address<br>P.O. BOX 18983<br>TAMPA, FL 33679 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |  | 3. Mailing Address                                   |   |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.                                  |   |  |
| City & State   |  |  | City & State   |   |  |
| Zip  | Country  | Zip  | Country  | 4. FEI Number<br>20-5260646   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |  |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br>KURTZ, KARI L<br>4823 W. SAN JOSE ST<br>TAMPA, FL 33629   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |  |
| 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 signature required when re-registering) DATE _____   |  |  |  |   |  |
| FILE NOW!!! FEE IS \$138.75<br>Due by September 12, 2008   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |  | Make check payable to<br>Florida Department of State  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>KURTZ, KARI L<br>P.O. BOX 18983<br>TAMPA, FL 33679    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>KURTZ, JACKIE L<br>P.O. BOX 18983<br>TAMPA, FL 33679 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| 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:    |  |  | 6-15-08  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date Daytime Phone #                                 |   |  |