2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Jan 29, 2008 8:00 am

DOCUMENT # L06000073490 1. Entity Name TALLAHASSEE CONTRACTORS, LLC				Secretary of State 01-29-2008 90062 017 ***138.75				
Principal Place of Business 5709 MAYS GRAY DRIVE TALLAHASSEE, FL 32305		Mailing Address 5709 MAYS GRAY DRIVE TALLAHASSEE, FL 32305			PANA ANNI AFIN ATIN FRIN	I ODIN IDDAD IINA JIRID HARK GAIR	1871 III 1881	
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numbe	20-52 FOR	62944 AP	oplied For ot Applicable	
Zip	Country	Zip	Country	1	of Status Desired	S5.00 Add Fee Require		
	6. Name and Address of Curren	nt Registered Agent		7. Name and	Address of New R	egistered Agent		
ODAY DAY	VIID VA		Name					
GRAY, DAVID W 5709 MAYS GRAY DRIVE TALLAHASSEE, FL 32305			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registered office or regis	stered agent, or both	n, in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable (NO	FE: Hegistered Agent signature requ	ured when reinstaling)		DATE		
	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.7	75				e check payable to Department of Stat	e	
	/ 1, 2008 Fee will be \$538.7	75 BERS/MANAGERS	10.			Department of Stat	e	
After May	/ 1, 2008 Fee will be \$538.7 MANAGING MEME MGRM		IIILE		Florida	Department of Stat	e Addition	
9. IIILE NAME	MANAGING MEME MGRM GRAY, DAVID W	BERS/MANAGERS	TITLE NAME		Florida	CHANGES		
9. TITLE NAME STREET ADDRESS	MANAGING MEME MGRM GRAY, DAVID W 5709 MAYS GRAY DRIVE	BERS/MANAGERS	IIILE		Florida	CHANGES		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEME MGRM GRAY, DAVID W 5709 MAYS GRAY DRIVE TALLAHASSEE, FL 32305	BERS/MANAGERS	NAME STREET ADDRESS CITY-ST-ZIP		Florida	Department of Stat		
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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.

NAME OF SIGNING MANAGING MEMBER! MANAGER, OR AUTHORIZED REPRESENTATIVE

1.28.08

850-510-2089