

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085004

FILED
Mar 01, 2009
Secretary of State

Entity Name: CCA CONSTRUCTION, LLC

Current Principal Place of Business:

1632 SW 159TH AVE.
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

1632 SW 159TH AVE.
SUNRISE, FL 33326

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTY, PAUL A
1632 SW 159TH AVE.
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARTY, PAUL A
Address: 1632 SW 159TH AVE.
City-St-Zip: SUNRISE, FL 33326

Title: MGRM () Delete
Name: CARTY, D K
Address: 1632 SW 159TH AVE.
City-St-Zip: SUNRISE, FL 33326

Title: MGRM () Delete
Name: CARTY ANDRIOLA, JUDY
Address: 920 MEDINA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: ANDRIOLA, JOSEPH
Address: 920 MEDINA AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL CARTY

MGR

03/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date