

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088182

Entity Name: AMBI CONTRACTING LLC

FILED
Sep 10, 2008
Secretary of State

Current Principal Place of Business:

438 SANDPIPER RIDGE DRIVE
ORLANDO, FL 32835

New Principal Place of Business:

1405 N. HIAWASSEE ROAD
ORLANDO, FL 32818

Current Mailing Address:

2971 DAVENPORT ROAD
DULUTH, GA 30096

New Mailing Address:

1405 N. HIAWASSEE ROAD
ORLANDO, FL 32818

FEI Number: 20-5508678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET, 4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: DEOCHAND, DHARAM A
Address: 438 SANDPIPER RIDGE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: ST () Delete
Name: DEOCHAND, SEROJINIE
Address: 438 SANDPIPER RIDGE DRIVE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEOCHAND, DHARAM A
Address: 1405 N. HIAWASSEE ROAD
City-St-Zip: ORLANDO, FL 32818

Title: ST (X) Change () Addition
Name: DEOCHAND, SEROJINIE
Address: 1405 N. HIAWASSEE ROAD
City-St-Zip: ORLANDO, FL 32818

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: DHARAM A. DEOCHAND

MGR

09/10/2008

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