

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098965

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA SITEWORK, LLC

**Current Principal Place of Business:**

9191 RG SKINNER PKWY  
SUITE 502  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9191 RG SKINNER PKWY  
SUITE 502  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 41-2216824      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCIVOR, JOHN C  
9191 RG SKINNER PKWY  
SUITE 502  
JACKSONVILLE, FL 32256 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  
Name: MCIVOR, JOHN C  
Address: 9191 RG SKINNER PKWY SUITE 502  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR  
Name: GILES, WILLIAM R JR  
Address: 9191 RG SKINNER PKWY SUITE 502  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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: JOHN MCIVOR      PRES      02/04/2010

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