

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115232

FILED  
Mar 25, 2008  
Secretary of State

Entity Name: HUTCH CONSTRUCTION SERVICES LLC

**Current Principal Place of Business:**

1559 LAKESHORE DR  
EUSTIS, FL 32726

**New Principal Place of Business:**

2121 PINE AVE  
MT DORA, FL 32757 US

**Current Mailing Address:**

PO BOX 1587  
EUSTIS, FL 32727

**New Mailing Address:**

PO BOX 1587  
EUSTIS, FL 32727 US

FEI Number: 03-0606861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUTCHINS, ARTIS C  
2121 PINE AVE  
MT DORA, FL 32757 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: WONG, NATASHA  
Address: 1559 LAKESHORE DR  
City-St-Zip: EUSTIS, FL 32726

Title: MGRM ( ) Delete  
Name: HUTCHINSON, DENNARD  
Address: 2121 PINE AVE  
City-St-Zip: MT DORA, FL 32757

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HUTCHINS, ARTIS C  
Address: 2121 PINE AVE  
City-St-Zip: MT DORA, FL 32757 US

Title: MGRM (X) Change ( ) Addition  
Name: HUTCHINSON, DENNARD  
Address: 2121 PINE AVE  
City-St-Zip: MT DORA, FL 32757 US

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: ARTIS HUTCHINS

MGRM

03/25/2008

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