## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## May 27, 2008 8:00 am Secretary of State DOCUMENT # L06000118302 1. Entity Name 05-27-2008 90373 037 \*\*\*138.75 1ST CHOICE STRUCTURAL CONNECTORS & FASTENERS, LLC Principal Place of Business Mailing Address 2001 13TH STREET SAINT CLOUD FL 34769 2001 13TH STREET SAINT CLOUD FL 34769 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Numbe 20.80309 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOBOTH, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 2880 OLD CANOE CREEK ROAD SAINT CLOUD FL 34772 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little 3 applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Traint ! Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE ☐ Change Addition HAME HOBOTH, THOMAS C NAME STREET ADDRESS 2880 OLD CANOE CREEK ROAD STREET ADDRESS CITY - ST - ZIP CITY - ST-ZiP SAINT CLOUD FL 34772 THE ☐ Delete Title F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P Tilli ☐ Delete TITLE Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

R, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytore Poorle #

SIGNATURE

**FILED**