


2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90076 003 ***138.75

DOCUMENT # L06000122139	
1. Entity Name MGB CONTRACTING LC	

Principal Place of Business 105 SEBASTIAN INDUSTRIAL PLACE UNIT 9 SEBASTIAN, FL 32958	Mailing Address 678 ERVIN ST. SEBASTIAN, FL 32958
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60008224

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 105 Sebastian Industrial
Suite, Apt. #, etc.	Suite, Apt. #, etc. Place - Unit 9
City & State	City & State Sebastian, FL 32958
Zip	Country 32958 USA



02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-0794564	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent BALLOUGH, WILLIAM E 678 ERVIN ST. SEBASTIAN, FL 32958	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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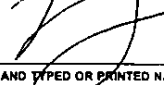
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALLOUGH, WILLIAM E 678 ERVIN ST. SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **William Ballough** **8 Feb 2008** **772-633-0977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #