

08-18-2008 90050 018 ***138.75

DOCUMENT # L07000001558																																							
1. Entity Name DAVID HENRY CONSTRUCTION, LLC		08-18-2008 90050 018 ***138.75																																					
Principal Place of Business 3936 LEHMAN CT. LAKELAND, FL 33813 US		Mailing Address 3936 LEHMAN CT. LAKELAND, FL 33813 US																																					
2. Principal Place of Business - No P.O. Box # 815 Creative Dr Suite, Apt. #, etc. Lakeland, FL City & State		3. Mailing Address SAME Suite, Apt. #, etc. City & State																																					
Zip 33813		Country Polk																																					
4. FEI Number 20-8205475		Applied For Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																					
6. Name and Address of Current Registered Agent HENRY, DAVID B 3936 LEHMAN CT. LAKELAND, FL 33813		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 7-16-08																																					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.																																					
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES																																					
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																							