

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004174

FILED  
Jul 21, 2009  
Secretary of State

**Entity Name:** JOEL METTS GENERAL CONTRACTOR, L.L.C.

**Current Principal Place of Business:**

1607 LINDBERG AVENUE  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

1607 LINDBERG AVENUE  
LAKE PLACID, FL 33852

**New Mailing Address:**

FEI Number: 30-0395869      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LOBOZZO, JAMES V JR.  
230 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870      US

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

METTS, JOEL  
1607 LINDBERG AVE  
LAKE PLACID, FL 33852      US

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: JOEL METTS

07/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: METTS, JOEL E  
Address: 1607 LINDBERG AVENUE  
City-St-Zip: LAKE PLACID, FL 33852

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ASST      ( ) Change (X) Addition  
Name: METTS, MICHAEL  
Address: 1607 LINDBERG AVE  
City-St-Zip: LAKE PLACID, FL 33852

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: MICHAEL METTS

ASST

07/21/2009

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