

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010152

FILED
May 25, 2009
Secretary of State

Entity Name: IWT UNDERGROUND CONSTRUCTION LLC

Current Principal Place of Business:

1618 NW 16TH COURT
FT LAUDERDALE, FL 33311

New Principal Place of Business:

637 SW JORDIN AVE
PORT ST LUCIE, FL 34953

Current Mailing Address:

1618 NW 16TH COURT
FT LAUDERDALE, FL 33311

New Mailing Address:

637 SW JORDIN AVE
PORT ST LUCIE, FL 34953

FEI Number: 20-8333336 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:

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TILLMAN, IVORY W
Address: 637 SW JORDIN AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGRM () Delete
Name: TAYLOR, DEREK
Address: 1381 SW HALFORD AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES:

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

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

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: IVORY W TILLMAN

MGRM

05/25/2009

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