


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90103 039 \*\*\*138.75

<b>DOCUMENT # L07000015512</b>			
1. Entity Name D.1 DEMOLITION, LLC			
Principal Place of Business 7025 CR 46A, STE. 107-358 LAKE MARY, FL 32746		Mailing Address 7025 CR 46A, STE. 107-358 LAKE MARY, FL 32746	
2. Principal Place of Business - No P.O. Box # 7025 CR 46A		3. Mailing Address 7025 CR 46A	
Suite, Apt. #, etc. SUITE 1071-358		Suite, Apt. #, etc. SUITE 1071-358	
City & State LAKE MARY, FL		City & State LAKE MARY, FL	
Zip 32746	Country US	Zip 32746	Country US
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE, STE. 101 TALLAHASSEE, FL 32301-2960		7. Name and Address of New Registered Agent Name CRYSTAL O'BRIEN Street Address (P.O. Box Number is Not Acceptable) 7025 CR 46A SUITE 1071-358 City LAKE MARY FL Zip Code 32746	
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 <u>ChOS</u> CRYSTAL O'BRIEN - PRESIDENT 2/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'BRIEN, CRYSTAL A 7025 CR 46A, STE. 107-358 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7025 CR 46A, SUITE 1071-358 LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>ChOS</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		CRYSTAL A. O'BRIEN 2/21/08 407-688-8888 Date Daytime Phone #	

60011286



02212008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-8420729 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required