

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90054 041 ***138.75

60042308



05062008 Chg-LLC CR2E082 (12/06)

4. FEI Number **20-8472313** Applied For ☒ Not Applicable ☐

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

DOCUMENT # L07000017038

1. Entity Name
PHOENIX CONSTRUCTION SOLUTIONS, LLC



Principal Place of Business
**#5 PAPAGO CIR.
PENSACOLA, FL 32507**

Mailing Address
**#5 PAPAGO CIR.
PENSACOLA, FL 32507**

2. Principal Place of Business - No P.O. Box #
4300 Bayou Blvd

3. Mailing Address
4300 Bayou Blvd

Suite, Apt. #, etc.
33

Suite, Apt. #, etc.
33

City & State
Pensacola FL

City & State
Pensacola FL

Zip **32503** Country **Escambia**

Zip **32503** Country **Escambia**

6. Name and Address of Current Registered Agent

**PANT, TREVOR
#5 PAPAGO CIR.
PENSACOLA, FL 32507**

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

5/13/08

**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.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PANT, TREVOR**
STREET ADDRESS **#5 PAPAGO CIR.**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **Exec VP** ☐ Delete
NAME **GARY L. Odum**
STREET ADDRESS **4300 Bayou Blvd. Suite 33**
CITY-ST-ZIP **Pensacola, FL 32503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

5/13/08

Date

Daytime Phone #