2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 04, 2008 8:00 am Secretary of State DOCUMENT # L07000033753 04-04-2008 90136 032 ***138.75 DEBOLT CONSTRUCTION SERVICES, LLC. Principal Place of Business Mailing Address 5354 DARTMOUTH 60019769 5354 DARTMOUTH ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182008 Chg-LLC CR2E083 (12/06) City & State 4. FFI Number Applied For City & State 51-0629812 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEBOLT, SEAN Street Address (P.O. Box Number is Not Acceptable) 5354 DARTMOUTH ST PETERSBURG, FL 33710 City 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 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 MGRM ☐ Addition TILE □ Detete MLE Change NAME DEBOLT, SEAN MAME 5354 DARTMOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33710 CITY-ST-ZIP Delete ☐ Channe ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MLE ☐ Change Addition IIILE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P HTLE Delete MRE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-7IP ☐ Delete MIE ☐ Change ☐ Addition TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTIY-ST-ZIP ☐ Defete MILE ☐ Change ☐ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 peceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. (727)322-0795 <u>4-1</u>-08 SIGNATURE:

ING MEMBER, MAMAGER, OR AUTHORIZED REPRESENTATIVE