

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000041280

**FILED**  
**Apr 14, 2008**  
**Secretary of State**

**Entity Name:** HOLIDAY BUILDERS OF MISSISSIPPI, LLC

**Current Principal Place of Business:**

2293 WEST EAU GALLIE BLVD  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

2293 WEST EAU GALLIE BLVD  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 20-8781998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOSS, BONNIE  
2293 WEST EAU GALLIE BLVD  
MELBOURNE, FL 32935 US

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

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: HOLIDAY BUILDERS CON, STRUCTION, INC  
Address: 2293 W EAU GALLIE BLVD  
City-St-Zip: MELBOURNE, FL 32935

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:** BONNIE DOSS

ST

04/14/2008

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