

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000045408

1. Entity Name
SPEIRS' CONSTRUCTION COMPANY, LLC



2/

**FILED
Apr 11, 2008 8:00 am
Secretary of State**

02-13-2008 90063 036 ****50.00
04-11-2008 90179 041 ****88.75

60022060

Principal Place of Business		Mailing Address	
2. Principal Place of Business - No P.O. Box # 2433 E MAIN STREET		3. Mailing Address 2433 E MAIN STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKELAND, FL		City & State LAKELAND, FL	
Zip 33801	Country US	Zip 33801	Country US
4. FEI Number NONE		Applied For 38-3780283 Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of New Registered Agent	
7. Name and Address of Current Registered Agent		Name	
SPEIR, DANIEL M 2433 E MAIN STREET LAKELAND FL 33801		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: Daniel Speir Daniel Speir 2/6/08 DATE			
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when remailing)			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/Member SPEIR, DANIEL MAX 2433 EAST MAIN STREET LAKELAND, FL 38801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member	<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
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: Daniel Max Speir 2/6/08 (863) 934-3876

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #