

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045497

FILED
Jun 16, 2009
Secretary of State

Entity Name: WHYTE'S CONSTRUCTION GROUP, LLC

Current Principal Place of Business:

104 NEWTON RD
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

104 NEWTON RD
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 20-8993976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHYTE, MAGGALEE
104 NEWTON RD
HOLLYWOOD, FL 33023 US

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: MGR () Delete
Name: WHYTE, GREGORY P
Address: 104 NEWTON RD
City-St-Zip: HOLLYWOOD, FL 33023

Title: MGRM () Delete
Name: DAWKINS, KESHA
Address: 3617 SW 69 AV
City-St-Zip: MIRAMAR, FL 33023

Title: MGRM () Delete
Name: ELLISON, ALRIC
Address: 6920 SW 26 CT.
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREGORY P. WHYTE

MGR

06/16/2009

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