


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90075 021 ***138.75

DOCUMENT # L07000055957 1. Entity Name JOHN K. YOUNG CONTRACTING LLC			
Principal Place of Business 3000 PALM TRACE LANDINGS DR. #112 DAVIE, FL 33314 US		Mailing Address 3000 PALM TRACE LANDINGS DR. #112 DAVIE, FL 33314 US	
2. Principal Place of Business - No P.O. Box # 380 SW 203rd Ave. Suite, Apt. #, etc.		3. Mailing Address 380 SW 203rd Ave. Suite, Apt. #, etc.	
City & State Pembroke Pines, FL Zip Country 33029 US		City & State Pembroke Pines, FL Zip Country 33029 US	
4. FEI Number 26-0257799		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name John K. Young Street Address (P.O. Box Number is Not Acceptable) 380 SW 203rd Ave. City Pembroke Pines FL Zip Code 33029	
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 <u><i>John K. Young</i></u> John K. Young 5-10-08 <small>Signature typed or printed name of registered agent and power of attorney (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, JOHN K 3000 PALM TRACE LANDINGS DR. #112 DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, John K. 380 SW 203rd Ave. Pembroke Pines, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>John K. Young</i></u> John K. Young 5-10-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		305-450-1503 <small>Daytime Phone #</small>	