


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90029 034 ***138.75

DOCUMENT # L07000056574 1. Entity Name IN/EX CONSTRUCTION LLC					
Principal Place of Business 5924 REGIMENT DR. JACKSONVILLE, FL 32277 US			Mailing Address 5924 REGIMENT DR. JACKSONVILLE, FL 32277 US		
2. Principal Place of Business - No P.O. Box # 5924 Regiment DR		3. Mailing Address 5924 Regiment DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jax FL		City & State Jax FL		4. FEI Number 61-1530872	
Zip 32277		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, CLINT S 2209 ROSEWOOD DR. JACKSONVILLE, FL 32266			7. Name and Address of New Registered Agent Name Clint Parker Street Address (P.O. Box Number is Not Acceptable) 2209 Rosewood Dr City Neptune Bch FL Zip Code 32266		
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 Clint Parker (NOTE: Registered Agent signature required when reinstating) DATE 4/26/08					
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INGLES, BRAD G 5924 REGIMENT DR. JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TODD, JON R 5924 REGIMENT DR. JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: [Signature] 4/26/08 904-302-0501 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

800 965 8042

ATTACHMENT

60034317

LO7000056574

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IN/EX Construction LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5924 Regiment Dr.

← Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Clint Parker

Name

2209 Rose Wood Dr.

Florida street address (P.O. Box **NOT** acceptable)

Neptune Bch FL 32266

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Clint Parker

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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