

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064421

**FILED**  
**Apr 25, 2009**  
**Secretary of State**

**Entity Name:** P.M.I. CONSTRUCTION SERVICES "LLC"

**Current Principal Place of Business:**

8917 EASTHAVEN CT  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

8917 EASTHAVEN CT  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

**FEI Number:** 64-0965645      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CASTELLO, PAUL M  
8917 EASTHAVEN CT  
NEW PORT RICHEY ,, FL 34655 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: MGRM ( ) Delete  
Name: CASTELLO, PAUL M  
Address: 8917 EASTHAVEN CT  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: MGRM ( ) Delete  
Name: CASTELLO, MICHAEL J  
Address: 5509 CARBINE CT  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

**ADDITIONS/CHANGES:**

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: PAUL CASTELLO

MGRM

04/25/2009

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