

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066835

FILED  
Feb 08, 2009  
Secretary of State

Entity Name: ACS CONSTRUCTION, LLC

**Current Principal Place of Business:**

194 CREEKSIDE LANE  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

194 CREEKSIDE LANE  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

FEI Number: 51-0641182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TINGLE, D. CRAIG ESQ  
537 STAHLMAN AVE.  
DESTIN, FL 32541 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: ADAMS, PURL G III  
Address: 3087 LAKE SUE DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: MGRM ( ) Delete  
Name: CHANEY, DARCY J  
Address: P.O. BOX 1533  
City-St-Zip: DESTIN, FL 32540

Title: MGRM ( ) Delete  
Name: SUTERA, ROBERT M SR.  
Address: 194 CREEKSIDE LANE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**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: ROBERT M. SUTERA SR>

MGRM

02/08/2009

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