2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008
Secretary of State

DOCUMENT# L07000072053

Entity Name: FLORIDA ICF CONSTRUCTION SUPPLY LLC

Current Principal Place of Business:

2104 GILLIAM LANE
SUITE 8
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 15463
TALLAHASSEE, FL 32317 54

New Mailing Address:

2104 GILLIAM LANE
SUITE 8
TALLAHASSEE, FL 32308

FEI Number: 26-0554426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARSONS, KEVIN C
92 MCCALLISTER ROAD
CRAWFORDVILLE, FL 32327 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: MGR ( ) Delete
Name: PARSONS, KEVIN C
Address: 92 MCCALLISTER ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM ( ) Delete
Name: SAPP, LARRY D
Address: 43 TREBOR LANE
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGRM ( ) Delete
Name: FERRELL, CARL E JR.
Address: 2021 W. RANDOLPH CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

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: KEVIN C. PARSONS MGR 03/07/2008

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