

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073975

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: MARK MEEKS CONSTRUCTION LLC

**Current Principal Place of Business:**

1708 26TH ST  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

1708 26TH ST  
NICEVILLE, FL 32578

**New Mailing Address:**

4458 LYONS PLACE  
HOLT, FL 32564

FEI Number: 26-0542938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEEKS, MARK  
1708 26TH ST  
NICEVILLE, FL 32578 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: MEEKS, MARK  
Address: 1708 26TH ST  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete  
Name: PHILLIPS, JIMMIE  
Address: 4038 RIVER RD  
City-St-Zip: VERNON, FL 32462

Title: MGRM (X) Delete  
Name: WARD, WILLIAM  
Address: 619 HICKORY AVE  
City-St-Zip: NICEVILLE, FL 32578

**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: MARTIN D. (MARK) MEEKS

MGRM

03/25/2009

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