

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000074075

1. Entity Name
LONDONO CONSTRUCTION COMPANY, LLC.



FILED
08 SEP 17 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10170 MATCHLOCK DRIVE
ORLANDO, FL 32821 US

Mailing Address
10170 MATCHLOCK DRIVE
ORLANDO, FL 32821 US



2. Principal Place of Business - No P.O. Box #
2909 Bonita circle

3. Mailing Address
Suite, Apt. #, etc.
**4417 13th ST
324**

08262008 Chg-LLC CR2E083 (12/06)

City & State
Kissimmee FL

City & State
ST. Cloud FL

Zip
34744

Country
oscola/usa

Zip
34769

Country

4. FEI Number
26-0547099

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**PASTORE, GERALD R
10170 MATCHLOCK DRIVE
ORLANDO, FL 32821**

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Janeth Piedrahita
Street Address (P.O. Box Number is Not Acceptable)
2909 Bonita circle.
City
Kissimmee FL Zip Code
34744

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 **Janeth-piedrahita** *[Signature]* **09-09-2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIEDRAHITA, JANETH 10170 MATCHLOCK DRIVE ORLANDO, FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIEDRAHITA, Janeth 2909 Bonita circle. Kissimmee, FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Janeth Piedrahita** *[Signature]* **09-09-2008** **407-285 5301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #