

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078805

FILED
Apr 21, 2009
Secretary of State

Entity Name: CUT RIGHT CONSTRUCTION LLC

Current Principal Place of Business:

225 SPARTAN DRIVE
MAITLAND, FL 32751

New Principal Place of Business:

128 BEARSS CIRCLE
LONGWOOD, FL 32750

Current Mailing Address:

225 SPARTAN DRIVE
MAITLAND, FL 32751

New Mailing Address:

128 BEARSS CIRCLE
LONGWOOD, FL 32750

FEI Number: 26-0636337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONIKOWSKI, JEFFREY ALLEN
225 SPARTAN DRIVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

DONIKOWSKI, JEFFREY ALLEN
128 BEARSS CIRCLE
LONGWOOD, FL 32750 US

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:

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DONIKOWSKI, JEFFREY A PRES
Address: 225 SPARTAN DRIVE
City-St-Zip: MAITLAND, FL 32751 SM

Title: MGRM () Delete
Name: DONIKOWSKI, STANLEY G VP
Address: 277 OLIVIA ROSE CT
City-St-Zip: LAKE MARY, FL 32746 SM

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DONIKOWSKI, JEFFREY A PRES
Address: 128 BEARSS CIRCLE
City-St-Zip: LONGWOOD, FL 32750 SM

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: JEFFREY DONIKOWSKI

PRES

04/21/2009

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