

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90081 016 ***143.75

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07152008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000087743 1. Entity Name CONSTRUCTION, CONSULTING & SERVICES UNLIMITED LLC					
Principal Place of Business 87 BAY PINE CRAWFORDVILLE, FL 32326			Mailing Address 87 BAY PINE CRAWFORDVILLE, FL 32326		
2. Principal Place of Business - No P.O. Box # 253 Bay Pine			3. Mailing Address PO Box 1105		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Crawfordville FL			City & State Crawfordville FL		
Zip 32327		Country USA		Zip 32326	
Country USA		4. FEI Number 26-0818430 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent HOMAN, JOHN 87 BAY PINE CRAWFORDVILLE, FL 32326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>John Homan</i> 7-18-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGR HOMAN, JOHN 87 BAY PINE 253 Bay Pine CRAWFORDVILLE, FL 32326		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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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: <i>John Homan</i>			Date 7-18-08 Daytime Phone # 850 9335926		