

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000087743

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** CONSTRUCTION, CONSULTING & SERVICES UNLIMITED LLC

**Current Principal Place of Business:**

253 BAY PINE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1105  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HOMAN, JOHN  
253 BAY PINE  
CRAWFORDVILLE, FL 32326 US

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

HOMAN, JOHN D SR  
253 BAY PINE  
CRAWFORDVILLE, FL 32326 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: JOHN HOMAN

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOMAN, JOHN  
Address: 253 BAY PINE  
City-St-Zip: CRAWFORDVILLE, FL 32326

I hereby 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: JOHN HOMAN

OWNE

04/18/2012

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