


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90115 050 \*\*\*138.75

<b>DOCUMENT # L07000123249</b>	
1. Entity Name <b>KPJ CONTRACTING LLC</b>	

Principal Place of Business <b>6470 JIM DAVIS RD. PARRISH, FL 34219 US</b>	Mailing Address <b>6470 JIM DAVIS RD. PARRISH, FL 34219 US</b>
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**60017251**



2. Principal Place of Business - No P.O. Box # <b>6470 Jim Davis Rd</b>	3. Mailing Address <b>6470 Jim Davis Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02192008 Chg-LLC CR2E083 (12/06)

City & State <b>Parrish FL</b>	City & State <b>Parrish FL</b>
Zip <b>34219</b>	Zip <b>34219</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>38-3778226</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>UNITED STATES CORPORATION AGENTS, INC. 320 S. FLAMINGO ROAD 347 PEMBROKE PINES, FL 33027</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JOHNSON, KYLE 6470 JIM DAVIS RD. PARRISH, FL 34219</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.

<b>SIGNATURE:</b>  <b>Kyle Johnson</b>	<b>3/24/08</b>	<b>946-737-6912</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>