2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002404

Address:

City-St-Zip:

Entity Name: SCAFFOLD SERVICES (FLORIDA), LLC

FILED Apr 29, 2009 Secretary of State

4436 OLD WINTER GARDEN RD.

City-St-Zip: ORLANDO, FL 32811

Current Principal Place of Business:			New Principal Place of Business:			
	;, INC WINTER GAF), FL 32811	RDEN				
Current Mailing Address:			New Mailing Address:			
C/O APEC 4436 OLD ORLANDO	, INC WINTER GAF), FL 32811	RDEN				
FEI Number:	77-0708830	FEI Number Applied For ()	FEI Number Not Appl	clicable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
LAVIGNE, 7087 GRA		SOCIATES, P.A. _ DRIVE, SUITE 100				
	named entity e of Florida.	submits this statement for the p	urpose of changing i	its registered office or registered agent, or both		
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	nt	Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/0	CHANGES:		
Title: Name: Address: City-St-Zip:	SCAFFOLD SE KINGSWINFOR) Delete :RVICES(WEST MIDLANDS), LTD. RD WEST MIDLANDS DY6 7QQ OOM,	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name:	() Delete	Title: Name:	MGR () Change (X) Addition GUIDRY, KIRT A MR.		

Address:

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: KIRT A. GUIDRY MGR 04/29/2009