

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002463

FILED
May 01, 2009
Secretary of State

Entity Name: HALL CABLE CONTRACTING, LLC

Current Principal Place of Business:

2140 NE 36TH AVE, UNIT 300-1
OCALA, FL 34470

New Principal Place of Business:

510 67TH ST
HOLMES BEACH, FL 34217

Current Mailing Address:

36 DICKINSON RD.
KEENE, NH 03431

New Mailing Address:

PO BOX 1138
ANNA MARIA, FL 34216

FEI Number: 26-1651291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PETTERSEN, HELEN L
1105 YOSEMITE DR.
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HALL, KARI
Address: 36 DICKINSON RD
City-St-Zip: KEENE, NH 03431

Title: MGR () Delete
Name: HALL, TIMOTHY D
Address: 36 DICKINSON RD
City-St-Zip: KEENE, NH 03431

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HALL, KARI
Address: 510 67TH ST
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGR (X) Change () Addition
Name: HALL, TIMOTHY D
Address: 510 67TH ST
City-St-Zip: HOLMES BEACH, FL 34217

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: KARI A HALL

MGRM

05/01/2009

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