

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004978

FILED
Mar 10, 2009
Secretary of State

Entity Name: SOUTHCAN CONSTRUCTION, LLC

Current Principal Place of Business:

2125 COUVER DRIVE
ATTN: ROBERT PERKINS
SARASOTA, FL 34231

New Principal Place of Business:

1075 BAY HARBOR DRIVE
ATTN: ANTONIO A. BIANCHI
ENGLEWOOD, FL 34224

Current Mailing Address:

P.O. BOX 2095
ATTN: ANTONIO A. BIANCHI
ENGLEWOOD, FL 34224

New Mailing Address:

1075 BAY HARBOR DRIVE
ATTN: ANTONIO A. BIANCHI
ENGLEWOOD, FL 34224

FEI Number: 11-3836780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIANCHI, ANTONIO A
1075 BAY HARBOR DRIVE
ENGLEWOOD, FL 34224 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: P () Delete
Name: PERKINS, ROBERT
Address: 2125 COUVER DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: S (X) Delete
Name: BIANCHI, ANTONIO A
Address: 1075 BAY HARBOR DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BIANCHI, ANTONIO A
Address: 1075 BAY HARBOR DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTONIO A. BIANCHI

P

03/10/2009

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