2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# L08000013276

Entity Name: MIKE SULLIVAN MASONRY LLC

Current Principal Place of Business:

1085 19TH AVE SW
VERO BEACH, FL 32962

New Principal Place of Business:

5275 COMPASS POINTE CIRCLE
VERO BEACH, FL 32966

Current Mailing Address:

1085 19TH AVE SW
VERO BEACH, FL 32962

New Mailing Address:

5275 COMPASS POINTE CIRCLE
VERO BEACH, FL 32966

FEI Number: 26-1902708 **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:

SULLIVAN, MICHAEL A JR.
1085 19TH AVE SW
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

SULLIVAN, MICHAEL A JR.
5275 COMPASS POINTE CIRCLE
VERO BEACH, FL 32966 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: MICHAEL SULLIVAN JR. 06/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SULLIVAN, MICHAEL A JR.
Address: 1085 19TH AVE SW
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SULLIVAN, MICHAEL A JR.
Address: 5275 COMPASS POINTE CIRCLE
City-St-Zip: VERO BEACH, FL 32966

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: MICHAEL SULLIVAN, JR. MGRM 06/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date