2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# L08000019681

Entity Name: JOSH CHASTAIN CONSTRUCTION, LLC

Current Principal Place of Business:

40 INLET WAY
SANTA ROSA BCH, FL 32459 US

New Principal Place of Business:

321 MAGNOLIA CREEK ROAD
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

40 INLET WAY
SANTA ROSA BCH, FL 32459 US

New Mailing Address:

321 MAGNOLIA CREEK ROAD
SANTA ROSA BEACH, FL 32459 US

FEI Number: 26-2047985 **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:

CHASTAIN, JOSHUA J
40 INLET WAY
SANTA ROSA BCH, FL 32459 US

Name and Address of New Registered Agent:

CHASTAIN, JOSHUA J
321 MAGNOLIA CREEK ROAD
SANTA ROSA BEACH, FL 32459 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: JOSHUA J CHASTAIN 05/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHASTAIN, JOSHUA J
Address: 40 INLET WAY
City-St-Zip: SANTA ROSA BCH, FL 32459 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CHASTAIN, JOSHUA J
Address: 321 MAGNOLIA CREEK ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: JOSHUA J CHASTAIN MGR 05/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date