

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023595

FILED
Mar 09, 2009
Secretary of State

Entity Name: PATES CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

44 JANE DR
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

44 JANE DR
CRAWFORDVILLE, FL 32327

New Mailing Address:

P O BOX 743
CRAWFORDVILLE, FL 32326

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PATE, CHARLES D
44 JANE DR
CRAWFORDVILLE, FL 32327 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: MGR () Delete
Name: PATE, CHARLES D
Address: 44 JANE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: PATE, JANET E
Address: 44 JANE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

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: JANET E PATE

MGR

03/09/2009

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