

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063924

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: TRUESDELL CONSTRUCTION LLC

## Current Principal Place of Business:

30375 QUAIL ROOST TRAIL, UNIT F  
BIG PINE KEY, FL 33043

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 431542  
BIG PINE KEY, FL 33043

## New Mailing Address:

FEI Number: 26-2937583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

TRUESDELL, ADA A  
5409 OVERSEAS HWY,  
#340  
MARATHON,, FL 33050 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: ADA A. TRUESDELL

04/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: TRUESDELL, BRUCE T  
Address: 30375 QUAIL ROOST TRAIL, UNIT F  
City-St-Zip: BIG PINE KEY, FL 33043

Title: MGR ( ) Delete  
Name: TRUESDELL, ADA A  
Address: 30375 QUAIL ROOST TRAIL, UNIT F  
City-St-Zip: BIG PINE KEY, FL 33043

Title: S ( ) Delete  
Name: TRUESDELL, ADA  
Address: 30375 QUAIL ROOST TRAIL, UNIT F  
City-St-Zip: BIG PINE KEY, FL 33043

Title: T ( ) Delete  
Name: TRUESDELL, BRUCE T  
Address: 30375 QUAIL ROOST TRAIL, UNIT F  
City-St-Zip: BIG PINE KEY, FL 33043

## ADDITIONS/CHANGES:

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

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

Title: S (X) Change ( ) Addition  
Name: TRUESDELL, ADA A MGR  
Address: 30375 QUAIL ROOST TRAIL, UNIT F  
City-St-Zip: BIG PINE KEY, FL 33043

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: ADA TRUESDELL

MGR

04/14/2009

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