

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064127

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** BUILDING INDUSTRY ISSUES OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

8359 BEACON BLVD. #320  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

1923 GOLFSIDE VILLAGE DR.  
LEHIGH ACRES, FL 33936 US

**New Mailing Address:**

**FEI Number:** 26-2908874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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: MGRM ( ) Delete  
Name: REHAK, JOANNE  
Address: 4101 GULFSHORE BLVD. 5 NORTH  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM ( ) Delete  
Name: WELCH, MICHAEL  
Address: 8359 BEACON BLVD. #320  
City-St-Zip: FORT MYERS, FL 33936 US

**ADDITIONS/CHANGES:**

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

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: MICHAEL J WELCH

MGR.

01/27/2009

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