

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077066

FILED
Apr 23, 2009
Secretary of State

Entity Name: HEAVY DUTY STRUCTURES, LLC

Current Principal Place of Business:

6255 CR 249
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

6255 CR 249
LAKE PANASOFFKEE, FL 33538 US

Current Mailing Address:

P.O. BOX 760
BUSHNELL, FL 33513

New Mailing Address:

P.O. BOX 760
BUSHNELL, FL 33513 US

FEI Number: 26-3236456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENNINGS, RICHARD W
205 N. JOANNA AVE.
TAVERES, FL 32778 US

Name and Address of New Registered Agent:

CHANDLER, JOEY A
6255 CR 249
LAKE PANASOFFKEE, FL 33538 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: JOEY A. CHANDLER

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHANDLER, JOEY A
Address: P.O. BOX 760
City-St-Zip: BUSHNELL, FL 33513

Title: MGR () Delete
Name: CHANDLER, SHIRLEY
Address: P.O. BOX 760
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHANDLER, JOEY A
Address: P.O. BOX 760
City-St-Zip: BUSHNELL, FL 33513 US

Title: MGR (X) Change () Addition
Name: CHANDLER, SHIRLEY
Address: P.O. BOX 760
City-St-Zip: BUSHNELL, FL 33513 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: JOEY A. CHANDLER

MGR

04/23/2009

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