2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077213

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

MGRM

MGRM

KIGHT, LINDA

11526 MONETTE DR

LAWRENCE, CHRIS

1863 NW 141 AVE

RIVERVIEW, FL 33569

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PEMBROKE PINES, FL 33028

Entity Name: ALKIN'S CONSTRUCTION & PAINTING, LLC

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4823 S W 37 TER BUSHNELL, FL 33513 **Current Mailing Address: New Mailing Address:** SHANNON STONE 4823 S W 37TH TER BUSHNELL, FL 33513 FEI Number: 90-0405856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEYERS, DELFRED R 101 FLAMINGO DR., STE. C APOLLO BEACH, FL 33572 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: (X) Change () Addition MGR () Delete STONE, SHANNON STONE, SHANNON Name: Name: 11125 HOFFNER EDGE DR. Address: 4823 SW 37TH TER Address: RIVERVIEW, FL 33579 City-St-Zip: City-St-Zip: BUSHNELL, FL 33513 Title: MGR Title: MGR (X) Change () Addition () Delete Name: STONE, ALTON Name: STONE, ALTON Address: 11125 HOFFNER EDGE DR. Address: 4823 SW 37TH TER City-St-Zip: RIVERVIEW, FL 33579 City-St-Zip: BUSHNELL, FL 33513

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

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SIGNATURE: SHANNON STONE MGR 04/26/2009