

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081036

FILED
Apr 23, 2009
Secretary of State

Entity Name: ADVANCED CONSTRUCTION SOLUTIONS OF ORLANDO, LLC.

Current Principal Place of Business:

12309 E COLONIAL DR
ORLANDO, FL 32826 US

New Principal Place of Business:

Current Mailing Address:

12309 E COLONIAL DR
ORLANDO, FL 32826 US

New Mailing Address:

2331 CERBERUS DR
APOPKA, FL 32712 US

FEI Number: 26-3250025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX CARE INC
2471 E SEMORAN BLVD
APOPKA, FL 32703 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: RAMIREZ, ERIK
Address: 9566 LINGWOOD TRAIL
City-St-Zip: ORLANDO, FL 32817 US

Title: MGRM (X) Delete
Name: RAMIREZ, JOSE
Address: 2331 CELEBRUS DR
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM (X) Delete
Name: RAMIREZ, RUTILIO
Address: 11121 JOEL CT
City-St-Zip: ORLANDO, FL 32825 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: RAMIREZ, JOSE
Address: 2331 CERBERUS DR
City-St-Zip: APOPKA, FL 32712 US

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: JOSE RAMIREZ

P

04/23/2009

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