

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088842

Entity Name: BUILDINGWORKS, LLC

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

127 W. FAIRBANKS AVE., STE. 438
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

127 W. FAIRBANKS AVE., STE. 438
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BONUS, PHILIP F. ESQ.
1115 E. CONCORD ST.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

NORERO, HERMES F
127 W. FAIRBANKS AVE.
SUITE 438
WINTER PARK, FL 32789 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: HERMES F NORERO

06/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUILDING DROPS, LLC
Address: 127 W. FAIRBANKS AVE., STE. 438
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: NORERO, HERMES F.
Address: 127 W. FAIRBANKS AVE., STE. 438
City-St-Zip: WINTER PARK, FL 32789

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: HERMES F NORERO

MGR

06/23/2009

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