

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090891

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: TIFFANY CONTRACTORS, LLC

**Current Principal Place of Business:**

12900 LEATRICE DRIVE  
CLERMONT, FL 34715 US

**New Principal Place of Business:**

**Current Mailing Address:**

12900 LEATRICE DRIVE  
CLERMONT, FL 34715 US

**New Mailing Address:**

FEI Number: 26-3473460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TIFFANY, CURTIS  
12900 LEATRICE DRIVE  
CLERMONT, FL 34715 US

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

TIFFANY, TERRI  
12900 LEATRICE DRIVE  
CLERMONT, FL 34715 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: TERRI TIFFANY

04/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TIFFANY, CURTIS  
Address: 12900 LEATRICE DRIVE  
City-St-Zip: CLERMONT, FL 34715 US

Title: MGRM (X) Delete  
Name: TIFFANY, TERRI  
Address: 12900 LEATRICE DRIVE  
City-St-Zip: CLERMONT, FL 34715 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: TERRI TIFFANY

MS

04/08/2009

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