

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091647

FILED
Feb 26, 2009
Secretary of State

Entity Name: DELUXE GENERAL CONTRACTORS, LLC

Current Principal Place of Business:

4924 RANDEE CIR.
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

4924 RANDEE CIR.
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 22-3443597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLYDAY, SHEILA
4924 RANDEE CIR.
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

HOLLYDAY, SHEILA MEMBER
4924 RANDEE CIR.
PENSACOLA, FL 32526 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: SHEILA HOLLYDAY

02/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLLYDAY, TOM
Address: 4924 RANDEE CIR.
City-St-Zip: PENSACOLA, FL 32526

Title: MGR () Delete
Name: HOLLYDAY, SHEILA
Address: 4924 RANDEE CIR.
City-St-Zip: PENSACOLA, FL 32526

Title: MGR () Delete
Name: HOLLYDAY, KURT
Address: 4924 RANDEE CIR.
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHEILA HOLLYDAY

MGR

02/26/2009

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