

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105947

FILED
Apr 24, 2009
Secretary of State

Entity Name: KRAFT CIVIL, LLC

Current Principal Place of Business:

3520 KRAFT ROAD
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

3520 KRAFT ROAD
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 26-4187961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, KEVIN P
3520 KRAFT ROAD
NAPLES, FL 34105 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: MGR () Delete
Name: MOORE, KEVIN P
Address: 3520 KRAFT ROAD
City-St-Zip: NAPLES, FL 34105 US

Title: MGR () Delete
Name: ROONEY, FRANCIS
Address: 3520 KRAFT ROAD
City-St-Zip: NAPLES, FL 34105 US

Title: MGR () Delete
Name: PEZESHKAN, FRED
Address: 3520 KRAFT ROAD
City-St-Zip: NAPLES, FL 34105 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: MGR () Change (X) Addition
Name: KOENIG, ROBERT
Address: 3520 KRAFT ROAD
City-St-Zip: NAPLES, FL 34105

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: KEVIN P. MOORE

MGR

04/24/2009

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