

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114668

FILED
Mar 05, 2009
Secretary of State

Entity Name: H2O 911 CONSTRUCTION, LLC

Current Principal Place of Business:

12541 METRO PARKWAY
SUITE 13
FORT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

6900-29 DANIELS PARKWAY
SUITE 303
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 26-3882528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAND, BRIAN G
6900-29 DANIELS PARKWAY
SUITE 303
FORT MYERS, FL 33912 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: BLAND, BRIAN G
Address: 6900-29 DANIELS PARKWAY, SUITE 303
City-St-Zip: FORT MYERS, FL 33912

Title: MGR () Delete
Name: SERGI, ERIC G
Address: 232 FARIWAY POINTE CIR
City-St-Zip: ORALNDO, FL 32828

Title: MGR () Delete
Name: ROADMAN, JAMES A JR
Address: 19116 DOVE CREEK DR.
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SERGI, ERIC G
Address: 232 FAIRWAY POINTE CIR
City-St-Zip: ORALNDO, FL 32828

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: BRIAN G BLAND

MGR

03/05/2009

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