

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000069612

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** AMBURN CONTRACTING, LLC

**Current Principal Place of Business:**

15264 LAKESHORE VILLA LOOP  
LOT 241  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

15264 LAKESHORE VILLA LOOP  
LOT 241  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

LANGLOIS, MARTHA  
15264 LAKESHORE VILLA LOOP  
LOT 241  
TAMPA, FL 33613 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:** MGRM  
**Name:** BURNS, AMY  
**Address:** 15264 LAKESHORE VILLA LOOP, LOT 241  
**City-St-Zip:** TAMPA, FL 33613

**Title:** MGRM  
**Name:** BURNS, MONTY  
**Address:** 15264 LAKESHORE VILLA LOOP, LOT 241  
**City-St-Zip:** TAMPA, FL 33613

I hereby 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:** PHILLIP G. LILLY

TSEE

01/21/2010

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