

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000001684

1. Entity Name  
CONSTRUCTION SOURCE, L.C.



Principal Place of Business  
21332 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33180

Mailing Address  
21332 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33180

**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**



07082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0901474

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required.

**6. Name and Address of Current Registered Agent**

SREDNI, LILIAN ESQ  
1380 NE MIAMI GARDENS DRIVE  
SUITE 246  
NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GORIN, MENDEL  
21332 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DELAROSA, SIDNEY  
21332 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000954201  
07/11/08-80004-009 143.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MENDEL GORIN

7/8/08

305-792-1313