

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001926

FILED
Apr 16, 2009
Secretary of State

Entity Name: VALCOURT EXTERIOR BUILDING SERVICES OF FLORIDA, L.C.

Current Principal Place of Business:

4695 18TH ST
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

1621 NORTH KENT STREET SUITE 1101
ARLINGTON, VA 22209

New Mailing Address:

FEI Number: 54-2047439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 () Delete
Name: VALCOURT, JEFFERY T
Address: 1621 NORTH KENT STREET SUITE 1101
City-St-Zip: ARLINGTON, VA 22209

Title: P (X) Delete
Name: SHORT, DANIEL
Address: 1621 N KENT ST STE 1101
City-St-Zip: ARLINGTON, VA 22209

Title: ST () Delete
Name: DUNCAN, CAL
Address: 1621 N KENT ST STE 1110
City-St-Zip: ARLINGTON, VA 22209

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: JOSEPH R. MELLOW

AC

04/16/2009

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