

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002668

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: HENSON CONSTRUCTION, LLC

**Current Principal Place of Business:**

11501 PLANTSIDE DR.  
SUITE #9  
LOUISVILLE, KY 40299

**New Principal Place of Business:**

**Current Mailing Address:**

11501 PLANTSIDE DR.  
SUITE 9  
LOUISVILLE, KY 40299

**New Mailing Address:**

FEI Number: 22-3873137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: HENSON, VAL A  
Address: 620 LAKE STERLING RD  
City-St-Zip: LOUISVILLE, KY 40223

Title: MGR ( ) Delete  
Name: HARDIG, MICHAEL  
Address: 818 ASHFIELD CT.  
City-St-Zip: EDGEWOOD, KY 41017

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HENSON, VAL A  
Address: 15320 CHAMPION LAKES PLACE  
City-St-Zip: LOUISVILLE, KY 40245

Title: MGR (X) Change ( ) Addition  
Name: STINE, STACEY D  
Address: 12807 WILLOW TREE LANE  
City-St-Zip: LOUISVILLE, KY 40299

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: VAL A HENSON

MGRM

03/26/2009

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