

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001772

FILED
Jan 07, 2009
Secretary of State

Entity Name: RELIABLE CONTRACTING GROUP, LLC

Current Principal Place of Business:

13035 MIDDLETOWN INDUSTRIAL BLVD.
LOUISVILLE, KY 402234762

New Principal Place of Business:

Current Mailing Address:

13035 MIDDLETOWN INDUSTRIAL BLVD.
LOUISVILLE, KY 402234762

New Mailing Address:

FEI Number: 04-3742953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: DUTHIE, G. BRUCE
Address: 13035 MIDDLETOWN INDUSTRIAL BLVD.
City-St-Zip: LOUISVILLE, KY 402234762

Title: MGRM () Delete
Name: THORNBERRY, STEVE J
Address: 13035 MIDDLETOWN INDUSTRIAL BLVD.
City-St-Zip: LOUISVILLE, KY 402234762

Title: MGRM () Delete
Name: WARE, MICHAEL A
Address: 13035 MIDDLETOWN INDUSTRIAL BLVD.
City-St-Zip: LOUISVILLE, KY 402234762

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: MICHAEL WARE

MGRM

01/07/2009

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