

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002528

Entity Name: TCI CONTRACTING, LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

4080 MCGINNIS FERRY ROAD
SUITE 1501
ALPHARETTA, GA 30005

Current Mailing Address:

4080 MCGINNIS FERRY ROAD
SUITE 1501
ALPHARETTA, GA 30005

New Principal Place of Business:

4080 MCGINNIS FERRY ROAD
SUITE 1503
ALPHARETTA, GA 30005

New Mailing Address:

4080 MCGINNIS FERRY ROAD
SUITE 1503
ALPHARETTA, GA 30005

FEI Number: 20-1939118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELLA, DAVID A
3006 SURFSIDE BLVD.
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: MARIE EDWARDS, ASSISTANT SECRETARY

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VELLA, DAVID A
Address: 4080 MCGINNIS FERRY ROAD, STE. 1501
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR () Delete
Name: NIXON, JOHN M
Address: 4080 MCGINNIS FERRY ROAD, STE. 1501
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES:

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: DAVID VELLA

COO

03/31/2009

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