I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

OWNER

SIGNATURE: HERBERT EUGENE WILLIAMS

Electronic Signature of Signing Authorized Person(s) Detail

LYNN HAVEN, FL 32444 US

Т ida. ent, c both, e State age

SIGNATURE:

Electronic Signature of Registered Agent

Entity Name: MAIN STREET CONSTRUCTION SERVICES LLC

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM		
Name	WILLIAMS, GENE	Name	WILLIAMS, RHONDA		
Address	1700 E. 12TH STREET	Address	1700 E. 12TH STREET		
City-State-Zip:	LYNN HAVEN FL 32444	City-State-Zip:	LYNN HAVEN FL 32444		

The above named enti	ty submits this stateme	nt for the purpose	of changing its re	egistered office or r	egistered agent, o	r both, in the	State of Florid

1700 E. 12TH STREET LYNN HAVEN. FL 32444

DOCUMENT# L0600008631

1700 E. 12TH STREET LYNN HAVEN. FL 32444

Current Principal Place of Business:

FEI Number: 20-4129847

Current Mailing Address:

Name and Address of Current Registered Agent:

WILLIAMS, GENE 1700 E. 12TH STREET

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 18, 2015 Secretary of State CC1353777555

Date

Certificate of Status Desired: No

Date

03/18/2015