

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L03000051833**

1. Entity Name

SE Barco Gas Piping Services, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1818 Portland Ave

1818 Portland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, Fla

Tallahassee, Fla

Zip

Country

Zip

Country

32303

leon

32303

leon

4. FEI Number

68-2677694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Samuel E Barco

Street Address (P.O. Box Number is Not Acceptable)

1818 Portland Ave.

City

Tallahassee

FL

Zip Code

32303

8. 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

Samuel E. Barco

Signature, typed or printed name of registered agent and title if applicable.

4-25-05

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Samuel E Barco
1818 Portland Ave
Tallahassee, Fla 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Samuel E. Barco Samuel E. Barco 4-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)

FILED
05 APR 25 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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