

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90156 042 ****50.00

DOCUMENT # L04000003653

1. Entity Name

LONE OAK CONTRACTING LLC



Principal Place of Business

1703 SW LAREDO ST
PALM CITY FL 34990

Mailing Address

1703 SW LAREDO ST
PALM CITY FL 34990

2. Principal Place of Business

S. Sacchitello
5178 SW Orchid Bay Dr.
Palm City, FL 34990-8519

3. Mailing Address

S. Sacchitello
5178 SW Orchid Bay Dr.
Palm City, FL 34990-8519



1st MOORE

CR2E083 (10/04)

4. FEI Number

20 0546708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SACCHITELLO, STEVEN V
1703 SW LAREDO ST
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SACCHITELLO, STEVEN V
STREET ADDRESS 1703 SW LAREDO ST
CITY-ST-ZIP PALM CITY FL 34990

TITLE MGR ☐ Delete
NAME SACCHITELLO, SUSAN
STREET ADDRESS 1703 SW LAREDO ST
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME SACCHITELLO STEVEN V
STREET ADDRESS 5178 SW ORCHID BAY DR
CITY-ST-ZIP PALM CITY FL 34990

TITLE MGR ☒ Change ☐ Addition
NAME SACCHITELLO, SUSAN
STREET ADDRESS 5178 SW ORCHID BAY DR
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Susan Sacchitello

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

Date

Daytime Phone #

(772)
2-4-05 221-7194