

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000001492

1. Entity Name
PORTLAND UTILITIES CONSTRUCTION CO, LLC.



Principal Place of Business
**117 DEMASE ST.
PORTLAND, TN 37148**

Mailing Address
**PO BOX 510
PORTLAND, TN 37148**



04052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number

62-1476450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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)

(FCISL Registered Agent must be required under a notalogs)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000706430
04/08/04-60015-006-50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**MGRM
WOODCOCK, ERNEST G
P.O. BOX 510, 117 DEMASE ST
PORTLAND, TN 37148**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**MGRM
WOODCOCK, MICHAEL E
P.O. BOX 510, 117 DEMASE ST
PORTLAND, TN 37148**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

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

Date

Daytime Phone #