## 2004'LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # M01000001507** 

1. Entity Name

TARMAC AMERICA LLC

Principal Place of Business

NORFOLK, VA 23502

1151 AZALEA GARDEN RD.

Mailing Address

1151 AZALEA GARDEN RD. NORFOLK, VA 23502

## FILED Jan 20, 2004 08:00 AM Secretary of State



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 51-0405873

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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 reinstalling)

DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAPADOPOULOS, ARIS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, HARDY B 455 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINK, RUSSELL A 1151 AZALEA GARDEN ROAD NORFOLK, VA 23502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILT, JR., LAWRENCE H 1151 AZALEA GARDEN ROAD NORFOLK, VA 23502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELLS, ROBERT 455 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRAKKIDES, PANOS 11000 NW 121 WAY MEDLEY, FL 33178

SecreTary

U00000007354 01/20/04-80019-022 50.00

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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:

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

1/13/04

157-858-6523

Daytimo Phone #