

Apr 07 03 11:09a

Joseph P. Klapholz, P.A.

FILED
May 29, 2003 8:00 am
Secretary of State

04-18-2003 90081 023 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000020372			
1. Entity Name SOUTHWESTERN TOWER CRANE & HOIST, LLC			
Principal Place of Business 2500 HOLLYWOOD BOULEVARD, SUITE 212 HOLLYWOOD FL 33020		Mailing Address 2500 HOLLYWOOD BOULEVARD, SUITE 212 HOLLYWOOD FL 33020	
2. Principal Place of Business 1360 NW 33RD ST.		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Pompano Beach, FL		City & State	
Zip 33064		Country	
4. FEI Number 22-3891119		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLAPHOLZ, JOSEPH P. ESQ. % MANELLA & KLAPHOLZ 2500 HOLLYWOOD BOULEVARD, SUITE 212 HOLLYWOOD FL 33020		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		DATE	
Signature of Registered Agent		Date	
FILE NUMBER: 65407		Make Check Payment to Florida Department of State Due by May 1, 2003	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member KETTERATH, Steve 1360 N.W. 33rd St. Pompano Beach, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member ROBERTSON, JIM 1360 N.W. 33rd Street Pompano Beach, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member RETTERRATH, Jason 1360 N.W. 33rd Street Pompano Beach, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(b), 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		Date	
Signature and Typed Name of Existing Managing Member, Manager, or Authorized Representative		Date	

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☐ CHECK HERE IF MAKING CHANGES