

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90131 006 ****50.00

DOCUMENT # L00000008582

1. Entity Name
MILESTONE CARLO CONTRACTING, LLC



Principal Place of Business
14165 N. MAIN STREET
JACKSONVILLE, FL 32218

Mailing Address
14165 N. MAIN STREET
JACKSONVILLE, FL 32218

24063517



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

58-2561154

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☒ Delete
NAME LEGGETT, STEPHEN M
STREET ADDRESS 14165 N MAIN ST
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE VP ☐ Change ☒ Addition
NAME Jeanie Catenacci
STREET ADDRESS 45000 River Ridge Dr, Suite 200
CITY-ST-ZIP Clinton Township, Mi 48038

TITLE S ☐ Delete
NAME CATENACCI, JOSEPH E
STREET ADDRESS 45000 RIVER RIDGE DR., SUITE 200
CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038

TITLE President ☒ Change ☐ Addition
NAME Joseph E. Catenacci
STREET ADDRESS 45000 River Ridge Dr, Suite 200
CITY-ST-ZIP Clinton Township, Mi 48038

TITLE TAS ☐ Delete
NAME ROBSON, JOHN T
STREET ADDRESS 45000 RIVER RIDGE DR., SUITE 200
CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038

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

TITLE VP ☒ Delete
NAME CATENACCI, JOSEPH E
STREET ADDRESS 45000 RIVER RIDGE DR SUITE 200
CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038

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

TITLE VP ☒ Delete
NAME DONOHUE, MICHAEL
STREET ADDRESS 45000 RIVER RIDGE DR SUITE 200
CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038

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

TITLE ☐ Delete
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: *John T. Robson* **Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/04 **586-416-4500**
Date Daytime Phone #