

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

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**



02202007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2561154

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CATENACCI, JEANIE
45000 RIVER RIDGE DR, STE. 200
CLINTON TOWNSHIP, MI 48038**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000672212
03/28/07-80061-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/20/07
Date

586-416-4500
Daytime Phone #