

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90075 023 ****50.00

DOCUMENT # L01000022458

1. Entity Name

CONSTRUCTION SERVICES LLC



Principal Place of Business

13833 WELLINGTON TRACE, SUITE 170
WELLINGTON FL 33414

Mailing Address

13833 WELLINGTON TRACE, SUITE 170
WELLINGTON FL 33414

2. Principal Place of Business

11924 FOREST HILL BLVD

Suite, Apt. #, etc.

SUITE 22207

City & State

WELLINGTON FL

Zip

33414

Country

US

3. Mailing Address

11924 FOREST HILL BLVD.

Suite, Apt. #, etc.

SUITE 22207

City & State

WELLINGTON FL

Zip

33414

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1157291

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, MARCOS
12995 VIA CHRISTINA
WELLINGTON FL 33414

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.

M. A. - SANCHEZ

(NOTE: Registered Agent signature required when reinstating)

8/20/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SANCHEZ, MARCOS
12995 VIA CHRISTINA
WELLINGTON FL 33414

☐ Delete

TITLE
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☐ Change ☐ Addition

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/03)