

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90153 042 ****55.00

DOCUMENT # L02000006477

1. Entity Name
CONTRACTORS - MUNICIPAL EQUIPMENT OF FL. LLC



Principal Place of Business
**253 CAPRI AVE.
VENICE, FL 34293**

Mailing Address
**P.O. BOX 1605
NOKOMIS, FL 34274**

2. Principal Place of Business
13 VACATION DR.
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 471
Suite, Apt. #, etc.



06302004 Chg-LLC CR2E083 (10/03)

City & State
VENUS, FL.
Zip **33960** Country **U.S.**

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VENUS, FL
Zip **33960** Country **U.S.**

4. FEI Number
75-3017945
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEWMAN, STEVEN R
253 CAPRI AVE.
VENICE, FL 34293**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
13 VACATION DR.
City **VENUS** **FL** Zip Code **33960**

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 *Steven R. Newman* **STEVEN R. NEWMAN AGENT**
(NOTE: Registered Agent signature required when reinstating)

June 30, 2004
DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, STEVEN R		NAME		
STREET ADDRESS	253 CAPRI AVE.		STREET ADDRESS	13 VACATION DR.	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENUS, FL 33960	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Steven R. Newman* **STEVEN R. NEWMAN** *June 30, 2004* **941-232-3298**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #