

**2006 LIMITED LIABILITY COMPANY.
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000006477

1. Entity Name

CONTRACTORS - MUNICIPAL EQUIPMENT OF FL. LLC



Principal Place of Business

13 VACATION DR.
VENUS, FL 33960

Mailing Address

PO BOX 471
VENUS, FL 33960



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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
13 VACATION DR.
VENUS, FL 33960

**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, 2006**

00000384803
01/17/06-80030-009 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|------------------|
| TITLE | MGRM |
| NAME | NEWMAN, STEVEN R |
| STREET ADDRESS | 13 VACATION DR. |
| CITY - ST - ZIP | VENUS, FL 33960 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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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: *Steven R. Newman* **STEVEN R. NEWMAN** 1/5/2006 863-465-238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #