

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90032 032 ****50.00

DOCUMENT # L02000020372

1. Entity Name
SOUTHWESTERN TOWER CRANE & HOIST, LLC



Principal Place of Business
**1360 NW 33RD ST
POMPANO BEACH, FL 33064**

Mailing Address
**1360 NW 33RD ST
POMPANO BEACH, FL 33064**

20042684



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3891119

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KLAPHOLZ, JOSEPH P ESQ.
% MANELLA & KLAPHOLZ
2500 HOLLYWOOD BOULEVARD, SUITE 212
HOLLYWOOD, FL 33020**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RETTERRATH, STEVE
1360 NW 33RD ST
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERTSON, JIM
1360 NW 33RD STREET
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RETTERRATH, JASON
1360 NW 33RD STREET
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Date

Daytime Phone #

4/29/06 954-973-3030