

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90021 005 ****50.00

DOCUMENT # L02000027345

1. Entity Name
R & R TRENCHING, LLC



Principal Place of Business

**106 W. PARK AVE.
EDGEWATER FL 32132**

Mailing Address

**106 W. PARK AVE.
EDGEWATER FL 32132**

2. Principal Place of Business

106 W PARK AVE
Suite, Apt. #, etc.

3. Mailing Address

106 W PARK AVE
Suite, Apt. #, etc.

City & State

EDGEWATER FLA.

City & State

EDGEWATER FLA

4. FEI Number

55-0801324

Applied For

Not Applicable

Zip
32132

Country

USA

Zip

32132

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **ROBERT DAVID JOHN SR**

Street Address (P.O. Box Number is Not Acceptable)

106 W PARK AVE

City

EDGEWATER

FL

Zip Code

32132

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 **ROBERT DAVID JOHN SR. PRES. @** DATE **1-25-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **JOHN, ROBERT D SR.**
STREET ADDRESS **106 W. PARK AVE.**
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **MGRM** ☐ Delete
NAME **ADSIT, BOBBY**
STREET ADDRESS **106 W. PARK AVE.**
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ADSIT ROBERT**
STREET ADDRESS **7796 ST HWY 12**
CITY-ST-ZIP **SILVERBURNE NY 13460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Robert David John Sr.**

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

Date

Daytime Phone #

1-25-03 607-316-0366

CR2E083 (10/02)