2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 20, 2006 08:00 AM DOCUMENT # L03000022254 **Secretary of State** 1. Entity Name AMERICAN EAGLE CONSTRUCTION AND ENVIRONMENTAL SERVICES, L.L.C. - - Mailing Address Principal Place of Business 1638 RED ROAD **HOWE TX 75459 HOWE TX 75459** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 74-3097348 Not Applicat Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name EVANS, GLORIA Street Address (P.O. Box Number is Not Acceptable) 19607 EAGLE TRACE COURT NORTH FORT MEYERS FL 33903 City 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 access the obligations of registered agent. (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, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES Đ. ☐ Defete TITLE ☐ Change ☐ Adam TITLE MGRM NAME EVANS, GLORIA MAME STREET ADDRESS 19607 EAGLE TRACE COURT STREET ADDRESS NORTH FORT MEYERS FL 33903 CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ 林二 TITLE MGRM ☐ Delete HILE NAME NAME U00000439644 EVANS, ALBERT M JR STREET ADDRESS 03/02/06-80009-009 55.00 STREET ADDRESS 19607 EAGLE TERRACE COURT CITY-ST-ZIP CITY-ST-ZIP NORTH FORT MYERS FL 33903 TITLE ☐ Channe ☐ Aff THE F ☐ Delote NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE BILE Change Ch I Add: NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP Detete BILE ☐ Change □ #-**** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Admi NAME STREET ADDRESS STREET ADDRESS CITY-ST-772 CSTV-ST-DP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED