

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90116 031 ****50.00

DOCUMENT # L03000024005

1. Entity Name

LAMAR CONTRACTING, LLC



Principal Place of Business

4280 GALT OCEAN DRIVE, SUITE 2G, PLAZ
TH
FORT LAUDERDALE FL 33308

Mailing Address

4280 GALT OCEAN DRIVE, SUITE 2G, PLAZ
TH
FORT LAUDERDALE FL 33308

2. Principal Place of Business

4280 GALT OCEAN DRIVE
Suite, Apt. #, etc.
SUITE 18J

3. Mailing Address

4280 GALT OCEAN DRIVE
Suite, Apt. #, etc.
SUITE 18J

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

Zip

33308

Country

U.S.A.

Zip

33308

Country

U.S.A.

4. FEI Number

13-4256190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CICHANOWICZ, LAWRENCE V
4280 GALT OCEAN DRIVE, SUITE 2G, PLAZA SOU
TH
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name
LAWRENCE V. CICHANOWICZ
Street Address (P.O. Box Number is Not Acceptable)
4280 GALT OCEAN DR., SUITE 18J
City
FT LAUDERDALE FL Zip Code
33308

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

LAWRENCE V. CICHANOWICZ

2/8/04

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/MGRM
LAWRENCE V. CICHANOWICZ
4280 GALT OCEAN DR, SUITE 18J
FT LAUDERDALE, FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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

LAWRENCE V. CICHANOWICZ 2/8/04 954-564-6089

Date

Daytime Phone #