

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90080 004 ****50.00

DOCUMENT # L03000024159

1. Entity Name
EB CONSTRUCTION SERVICES, LLC



Principal Place of Business
**8510 NW 68TH STREET
MIAMI, FL 33166 US**

Mailing Address
**8510 NW 68TH STREET
MIAMI, FL 33166 US**

24008213



2. Principal Place of Business
8545 NW 68 STR.
Suite, Apt. #, etc.

3. Mailing Address
8545 NW 68 STR.
Suite, Apt. #, etc.

01262004 Chg-LLC CR2E083 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
06-1700489

Applied For
Not Applicable

Zip **33166** Country **USA**

Zip **33166** Country **USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WELLS, THOMAS O ESQUIRE
200 SOUTH BISCAYNE BOULEVARD
SUITE 1000
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

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 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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HICKEY, EDWIN W
8510 NW 68TH STREET
MIAMI, FL 33166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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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

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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: *Andrew Z. Cere*

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

2/2/04

Date

305-5928181

Daytime Phone #