

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025735

1. Entity Name

STEADFAST CONTRACTING, LLC



Principal Place of Business

4613 GALLAGHER RD
PLANT CITY, FL 33565

Mailing Address

4613 GALLAGHER RD
PLANT CITY, FL 33565

DO NOT WRITE IN THIS SPACE

FILED
Aug 08, 2008 08:00 AM
Secretary of State



07082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

04-3765391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDOSO, ROBERT JR
4613 GALLAGHER RD
PLANT CITY, FL 33565

**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 _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CARDOSO, ROBERT JR
4613 GALLAGHER RD
PLANT CITY, FL 33565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LENHART, JAMIE
3350 PENDLETON WAY
LAND O LAKES, FL 34639

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000957280
08/08/08-80001-024 138.75

**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

Robert Cardoso Jr

8-5-08

Date

813 986-1390

Daytime Phone #