

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045835

FILED
Jan 09, 2007
Secretary of State

Entity Name: SEMPER FI EXCAVATING, LLC

Current Principal Place of Business:

42820 SR 64 E
MYAKKA CITY, FL 34251

New Principal Place of Business:

1611 12TH STREET EAST
UNIT B
PALMETTO, FL 34221 US

Current Mailing Address:

42820 SR 64 E
MYAKKA CITY, FL 34251

New Mailing Address:

1611 12TH STREET EAST
UNIT B
PALMETTO, FL 34221 US

FEI Number: 20-0428205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRK, PETER J
59 TIDY ISLAND BLVD.
BRADENTON, FL 34210 US

Name and Address of New Registered Agent:

SHIRK, PETER J
17 TIDY ISLAND BLVD.
BRADENTON, FL 34210 US

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.

SIGNATURE:

01/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHIRK, PETER J
Address: 59 TIDY ISLAND BLVD.
City-St-Zip: BRADENTON, FL 34210 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHIRK, PETER J
Address: 17 TIDY ISLAND BOULEVARD
City-St-Zip: BRADENTON, FL 34210 US

Title: MGRM () Change (X) Addition
Name: GILMARTIN, WAYNE S
Address: 59 TIDY ISLAND BOULEVARD
City-St-Zip: BRADENTON, FL 34210 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER SHIRK

MGRM

01/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date