

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000046911

1. Entity Name

D C SHOTCRETE SERVICE, LLC



Principal Place of Business

14360 CRYSTAL COVE DR. SOUTH
JACKSONVILLE, FL 32224-3810

Mailing Address

14360 CRYSTAL COVE DR. SOUTH
JACKSONVILLE, FL 32224-3810



01192006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2893546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERMAN, DENNIS
14360 CRYSTAL COVE DRIVE, SOUTH
JACKSONVILLE, FL 32224-3810

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERMAN, DENNIS CRYSTAL COVE DRIVE SOUTH JACKSONVILLE, FL 322243810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERMAN, CYNTHIA CRYSTAL COVE DRIVE SOUTH JACKSONVILLE, FL 322243810
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02/21/06-80054-001 50.00

**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:

Cynthia Herman

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

2-10-06 904-223-9849

Date

Daytime Phone #