

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
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



02182008 No Chg-LLC

CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000848588
03/20/08-80023-026 138.75

**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

Date

Daytime Phone #

3-4-08 904-223 9849