

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000052484

1. Entity Name
K & G EXCAVATING, LLC



Principal Place of Business
**4944 MARTIN LUTHER KING JR. BLVD.
PLANT CITY, FL 33566 US**

Mailing Address
**P.O. BOX 3784
PLANT CITY, FL 33563 US**



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1461995

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARRON, LETTICHIA I
4942 MARTIN LUTHER KING JR. BLVD.
PLANT CITY, FL 33566**

**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**

1000000322345
01/12/06-80006-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARRON, EUGENE
STREET ADDRESS	4942 MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	MGRM
NAME	BARRON, KEVIN P
STREET ADDRESS	4938 MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	MGRM
NAME	BARRON, LETTICHIA I
STREET ADDRESS	4942 MARTIN LUTHER KING JR BOULEVARD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000385937
01/18/06-80037-007 50.00

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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: Lettichia I. Barron

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

1-6-06 (813) 719-7812

Date

Daytime Phone #