

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90039 003 ****50.00

DOCUMENT # L03000052516

1. Entity Name

LOVELL'S PAVING & BLACKTOP SERVICES L.L.C.



Principal Place of Business

Mailing Address

4345 SW 1ST AVE
CAPE CORAL FL 33914
US

4345 SW 1ST AVE
CAPE CORAL FL 33914
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVELL, TIFFANY L
4345 SW 1ST AVE
CAPE CORAL FL 33914

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR ☒ Delete
NAME: LOVELL, TIFFANY L
STREET ADDRESS: 4345 SW 1ST AVE
CITY-ST-ZIP: CAPE CORAL FL 33914

TITLE: MGR ☒ Change ☐ Addition
NAME: Lovell, Tiffany L
STREET ADDRESS: 4345 SW 1st Ave
CITY-ST-ZIP: Cape Coral, FL 33914

TITLE: MGR ☒ Delete
NAME: LOVELL, NOAH R
STREET ADDRESS: 4345 SW 1ST AVE
CITY-ST-ZIP: CAPE CORAL FL 33914

TITLE: MGR ☒ Change ☐ Addition
NAME: Lovell, Noah R
STREET ADDRESS: 4345 SW 1st Ave
CITY-ST-ZIP: Cape Coral, FL 33914

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Tiffany L Lovell *Tiffany L Lovell* 3-30-04 3338 239549