

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90100 049 \*\*\*\*\*50.00

**DOCUMENT #**

1. Entity Name

**L03000053309**

**T H ZIERKE CONSTRUCTION, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**Route 21, Box 631**

Suite, Apt. #, etc.

3. Mailing Address

**Same**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Lake City, Florida**

City & State

**Lake City, Florida**

4. FEI Number

**20-0512249**

Applied For

Not Applicable

Zip

**32024**

Country

**US**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Terry H. Zierke**

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

**Route 21, Box 631**

City

**Lake City**

**FL**

Zip Code  
**32024**

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

*Terry H. Zierke*

Signature, typed or printed name of registered agent and title if applicable.

*1-5-04*

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Managing Member**

**Terry H. Zierke**

**Route 21, Box 631**

**Lake City, Florida 32024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Terry H. Zierke*

**Managing Member**

*1-5-04*

**386-752-7539**

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

Date

Daytime Phone #