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Secretary of State

07-16-2004 90141 046 ****50.00

7/1

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000057337

1. Entity Name
LEVIN PRESCOTT GRADING, LLC

34009779

Principal Place of Business
1061 GARY DRIVE
ST CLOUD, FL 34772

Mailing Address
1061 GARY DRIVE
ST CLOUD, FL 34772

07082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address	
1061 Gary DR.	1061 Gary DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: St. Cloud, Fl.	City & State: St. Cloud, Fl.	4. FEI Number: 30-0145942 ☐ Applied For ☐ Not Applicable
Zip: 34772 / Country: Osceola	Zip: 34772 / Country: Osceola	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRESCOTT, LEVIN
1061 GARY DRIVE
ST. CLOUD, FL 34772

7. Name and Address of New Registered Agent

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] 7-8-04
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Levin Prescott MGRM 1061 Gary DR St. Cloud, Fl. 34772 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] Levin Prescott 7-8-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #