


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

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90019 032 \*\*\*\*50.00

DOCUMENT # <b>LO4000046564</b>	
1. Entity Name <b>DAVE'S ASPHALT MAINTENANCE, LLC</b>	

**DO NOT WRITE IN THIS SPACE**

**20029719**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7481 S. US Hwy 441</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>LAKE CITY, FL</b>	City & State
Zip <b>32025</b>	Country <b>US</b>

4. FEI Number <b>20-1325094</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>DAVID P. FRALICK</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>7481 S. US Hwy 441</b>	
City <b>LAKE CITY</b>	State <b>FL</b>
Zip <b>32025</b>	

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.

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	<b>MANAGING MEMBER DAVID P. FRALICK 7481 S. US Hwy 441 LAKE CITY, FL 32025</b>
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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: DAVID P. FRALICK**

**04-09-05 386-752**

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

Date

Daytime Phone # **0390**

CR2E083B (12/02)