

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90043 047 ****50.00

DOCUMENT # **LO4000046504**

1. Entity Name

**DAVE'S ASPHALT MAINTENANCE
LLC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7481 US Hwy 441 S

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City FLORIDA

City & State

4. FEI Number

20-1325094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

Country

Zip

Country

32025

7. Name and Address of Current Registered Agent

Name

DAVID P. FRALICK

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

7481 US Hwy 441 South

City

Lake City

FL

Zip Code

32025

**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.

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
DAVID P. FRALICK
7481 US Hwy 441 South
Lake City FLA. 32025**

TITLE
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CITY-ST-ZIP

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CR2E083B (12/02)

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

MANAGING MEMBER

David P. Fralick (386) 752-0390

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

Date

Daytime Phone #