# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000080292**

1. Entity Name
LIBERTY MASONRY SERVICES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 951 COMMERCE BLVD. N | 951 COMMERCE BLVD. N |
| SARASOTA, FL 34243    US | SARASOTA, FL  34243    US |

## DO NOT WRITE IN THIS SPACE

20038844

04132006 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 20-1931521 | Not Applicable |

5. Certificate of Status Desired    ☐    **$5.00** Additional Fee Required

### 6. Name and Address of Current Registered Agent

SRIVASTAVA, ASHVIN
951 COMMERCE BLVD. N
SARASOTA, FL 34243

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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

**Filing Fee is $50.00**
**Due by May 1, 2006**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | SRIVASTAVA, ASHVIN |
| STREET ADDRESS | 951 COMMERCE BLVD. N |
| CITY-ST-ZIP | SARASOTA, FL  34243 |
| TITLE | |
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| CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** _Ashvin Srivastava_                    _April 26 06_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #