

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000084790

1. Entity Name
TREASURE COAST ASPHALT PROTECTION, LLC.



Principal Place of Business
**3232B SE DIXIE HIGHWAY
STUART, FL 34997**

Mailing Address
**3232B SE DIXIE HIGHWAY
STUART, FL 34997**

DO NOT WRITE IN THIS SPACE



03012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1915846

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MALISZEWSKI, MICHAEL ESQ.
27 EAST OCEAN BLVD.
STUART, FL 34994**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
SMITH, LESLIE F
4841 SW GOLFSIDE DR
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
SMITH, DONNA L
4841 SW GOLFSIDE DR
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000660383
03/19/07-80023-019 55.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

3-5-07

772-288-0512

Date

Daytime Phone #