## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000063524

1. Entity Name

FLORIDA DIRT SOURCE, LLC



**FILED** Jan 12, 2007 08:00 AM Secretary of State

Principal Place of Business

5485 GOLDEN GATE PKWY

2 WEST NAPLES, FL 34116 US Mailing Address

5485 GOLDEN GATE PKWY

2 WEST

DO NOT WRITE IN THIS SPACE

NAPLES, FL 34116 US



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3063206

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GEHRING, CHRISTOPHER 5485 GOLDEN GATE PKWY 2 WEST NAPLES, FL 34116

## 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) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME GEHRING, CHRISTOPHER 5475 GOLDEN GATE PKWY, #2WEST STREET ADDRESS U00000584553 CITY-ST-ZIP NAPLES, FL 34116 01/12/07-80041-012 50.00 MGRM TIESF ROUSSEAU, MICHELLE NAME STREET ADDRESS 5475 GOLDEN GATE PKWY, #2WEST 100000584553 CITY-ST-ZIP NAPLES, FL 34116 01/12/07-00041-013 5.00 TOD F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

01.05-07

239-649-0600

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

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