

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # L05000077852

1. Entity Name
RILEY TRENCHING & GRADE LLC



Principal Place of Business

**3972 HWY 77
CHIPLEY, FL 32428**

Mailing Address

**3972 HWY 77
CHIPLEY, FL 32428**

DO NOT WRITE IN THIS SPACE



02282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3268650

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RILEY, WADE J
3972 HWY 77
CHIPLEY, FL 32428**

**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

Wade J. Riley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

3/2/08
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RILEY, WADE J
3972 HWY 77
CHIPLEY, FL 32428**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000849984
03/21/08-80042-024 138.75

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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:

Wade J. Riley

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

3/2/08
Date

850-638-178
Daytime Phone #