2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

## Mar 16, 2006 8:00 am Secretary of State **DOCUMENT # L05000091533** 02-20-2006 90138 048 \*\*\*\*50.00 1. Entity Name **ACTION EXCAVATION, LLC** Principal Place of Business Mailing Address **UCUUNUU**I 16700 SW 51ST COURT SOUTHWEST RANCHES FL 33331 16700 SW 51ST COURT SOUTHWEST RANCHES FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State Applied For City & State Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOND F Coecaus CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registerce of registerce agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES BNC MGRM Delete TOLE ☐ Change Addition KAME CACCAVALE, TONY NAME STREET ADDRESS 16700 SW 51ST COURT STRUET ADDRESS CITY-ST-2IP SOUTHWEST RANCHES FL 33331 Hit ☐ Delete TITLE ☐ Charige NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST- 71P THE F . Delete TITLE. Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CALY-ST-ZIP CITY-S1-ZIP nne ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Imr Delete Addition HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby caruly that the information supplied with this filing does not qualify for the exemptions contained in Section 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 afficient by Chapter 608, Florida Statutes.

NATURE AND LYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

ACTION EXCAVATION, LLC 16700 SW 51ST COURT SOUTHWEST RANCHES, FL 33331 US

Subject: ACTION EXCAVATION, LLC

Reference Number:

L05000091533

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION