

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000101249

1. Entity Name
LABELLE BRICK PAVERS & TILE, LLC



Principal Place of Business
**1575 FORESTRY DIV RD
LABELLE, FL 33935 US**

Mailing Address
**P.O. BOX 7338
NAPLES, FL 34101 US**



01102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3705938

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIESKY, JAMES H
1000 TAMiami TRAIL N.
SUITE 201
NAPLES, FL 34102**

**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)

U000000789778

01/23/08-B06-025 143.75

**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
**MGRM
HENTHORNE, DANNY R
5500 TAYLOR ROAD
NAPLES, FL 34109**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HENTHORNE, TYLER J
5500 TAYLOR ROAD
NAPLES, FL 34109**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HENTHORNE, DANIEL A
5500 TAYLOR ROAD
NAPLES, FL 34109**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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

Date

Daytime Phone #

WR Henthorne - Dan R Henthorne **1/10/08** **239.594.9508**