

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90116 002 ***138.75

DOCUMENT # L05000113656

1. Entity Name

DEFINITIVE CONCRETE CUTTING, LLC



Principal Place of Business

6835 INTERNATIONAL CENTER BLVD., #4
FORT MYERS, FL 33912

CHANGED Mailing Address

6835 INTERNATIONAL CENTER BLVD., #4
FORT MYERS, FL 33912

11850 PLANTATION Rd. Unit C
FT. MYERS, FL 33916

00003682-



01222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3843740

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAVESE, FRANK JR.
4635 S. DEL PRADO BLVD.
CAPE CORAL, FL 33904

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DOUGHERTY, WILLIAM
STREET ADDRESS 3713 KITTYHAWK DRIVE
CITY-ST-ZIP FORT MYERS, FL 33905

TITLE MGRM
NAME BOWLIN, JIMMY D JR.
STREET ADDRESS 1604 PASSAIC AVENUE
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE MGRM
NAME HRINDA, MARYBETH
STREET ADDRESS 3713 KITTYHAWK DR.
CITY-ST-ZIP FORT MYERS, FL 33905

TITLE MGRM
NAME BOWLIN, JACQUELINE
STREET ADDRESS 1064 PASSIC AVE
CITY-ST-ZIP FORT MYERS, FL 33901

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/1/08 239-
225-9116