


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90261 012 ****50.00

DOCUMENT # L06000014573

1. Entity Name
SOUTH FLORIDA DEMOLITION, LLC




Principal Place of Business Mailing Address
PO BOX 118 **PO BOX 118**
LABELLE, FL 33975 **LABELLE, FL 33975**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
283 S. Bridge St Suite, Apt. #, etc.

City & State City & State
Labelle, FL **FL**

Zip Country Zip Country
33935 **Hendry**

00040603



01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-4273302 Not Applicable

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

6. Name and Address of Current Registered Agent

BEER, BRUCE
283 SOUTH BRIDGE STREET
LABELLE, FL 33935

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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

Make check payable to Florida Department of State


9. MANAGING MEMBERS / MANAGERS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | BEER, BRUCE | |
| STREET ADDRESS | PO BOX 118 | |
| CITY-ST-ZIP | LABELLE, FL 33975 | |
| TITLE | MGMR | <input type="checkbox"/> Delete |
| NAME | JASON, BEER | |
| STREET ADDRESS | PO BOX 118 | |
| CITY-ST-ZIP | LABELLE, FL 33975 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS / CHANGES

| | | |
|----------------|-------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lesley D. Beer | |
| STREET ADDRESS | Po. Box 118 | |
| CITY-ST-ZIP | Labelle, FL 33975 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:  **4/30/07 863-675-4367**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #