

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000019899

1. Entity Name
JAMES R. STEINMETZ MASONARY DIVISION, LLC



Principal Place of Business
**1500 CUMBERHAND CRT
FORT MYERS, FL 33919**

Mailing Address
**1500 CUMBERHAND CRT
FORT MYERS, FL 33919**

FILED
Feb 05, 2008 08:00 AM
Secretary of State



01182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4778701

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEINMETZ, JAMES R
1500 CUMBERLAND CT.
FORT MYERS, FL 33906**

**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

01-30-08

**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
STEINMETZ, JAMES R
PO BOX 81026
FORT MYERS, FL 33906**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SAAVEDRA, ALFONSO
197 LOUISE ST.
FORT MYERS, FL 33905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

U000000816704
02/14/08-80060-016 143.75

**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: