2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# L06000027159

Entity Name: ADVANCE EXCAVATING LLC

Current Principal Place of Business:

1140 NE 23RD PLACE
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

1140 NE 23RD PLACE
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 02-0771433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BIKES, KEITH
1140 NE 23 PL
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BIKES, KEITH
Address: 1140 NE 23 PL
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGRM ( ) Delete
Name: BIKES, DONNA
Address: 1 BAILIN CIRCLE #12
City-St-Zip: NORTH GRAFTON, MA 01536 US

Title: MGRM ( ) Delete
Name: BIKES, JANET
Address: 1140 NE 23 PL
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEITH BIKES MGR 05/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date