



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90033 025 ****50.00

DOCUMENT # L06000035128 1. Entity Name CIA TRUCKING & EXCAVATING LLC					
Principal Place of Business 1445 BLUE SKY WAY CLERMONT, FL 34714 US			Mailing Address 1445 BLUE SKY WAY CLERMONT, FL 34714 US		
2. Principal Place of Business - No P.O. Box # 1205 CEDARWOOD WAY Suite, Apt. #, etc.		3. Mailing Address 1205 CEDARWOOD WAY Suite, Apt. #, etc.			
City & State CLERMONT FL Zip 34714		City & State CLERMONT FL Zip 34714		4. FEI Number 20-4647514	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHANDRA, DEVANAND 1445 BLUE SKY WAY CLERMONT, FL 34714			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1205 CEDARWOOD WAY City CLERMONT FL Zip Code 34714		
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 <u><i>Devanand Chandra</i></u> DEVANAND CHANDRA 4/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANDRA, DEVANAND 1445 BLUE SKY WAY CLERMONT, FL 34714	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1205 CEDARWOOD WAY CLERMONT FL 34714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Devanand Chandra</i></u> DEVANAND CHANDRA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/13/07 (352)227-9644 <small>Date Daytime Phone #</small>		