

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000665

FILED
Apr 30, 2007
Secretary of State

Entity Name: TRI-CITY DEMOLITION SERVICES, LLC

Current Principal Place of Business:

153 LAKE MARIAM ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

PO BOX 2670
WINTER HAVEN, FL 338832670

New Mailing Address:

FEI Number: 20-8083019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL, STEVEN
153 LAKE MARIAM ROAD
WINTER HAVEN, FL 33884 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: MGRM () Delete
Name: DANIEL, STEVEN
Address: 153 LAKE MARIAM ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGRM () Delete
Name: THERIAULT, DAVID
Address: 2051 14TH STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM () Delete
Name: DORITY, DONALD
Address: 1310 CARLTON AVENUE
City-St-Zip: LAKE WALES, FL 33853

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: STEVEN DANIEL

MGMR

04/30/2007

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