

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000665

FILED
May 05, 2008
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 ()
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:

Name and Address of New Registered Agent:

DANIEL, STEVEN
153 LAKE MARIAM ROAD
WINTER HAVEN, FL 33884 US

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

MGMB

05/05/2008

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