

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 24, 2008 8:00 am
Secretary of State

06-24-2008 90044 004 ***138.75

DOCUMENT # L07000004331

1. Entity Name

LAKE WORTH STEEL ERECTORS "LLC"



Principal Place of Business

113 NORTH, O STREET
LAKE WORTH FL 33460
US

Mailing Address

113 NORTH, O STREET
LAKE WORTH FL 33460
US



2. Principal Place of Business - No P.O. Box #

860 Nth. 8th St.

3. Mailing Address

Suite, Apt. #, etc.
Suite #4

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/08)

City & State

Lantana, Florida

City & State

4. FEI Number

20-8213869

Applied For

Not Applicable

Zip

33462

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAGE, DANIEL T
113 NORTH, O STREET
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PAGE, MISTY M
STREET ADDRESS 113 NORTH, O STREET
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Misty Page Misty Page

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6-19-08 (561) 533-5735

Date

Daytime Phone #