

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000082833

**FILED**  
**Apr 24, 2008**  
**Secretary of State**

**Entity Name:** LANE CONTRACTING SERVICES, LLC

**Current Principal Place of Business:**

212 MISSION HILLS AVE  
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

212 MISSION HILLS AVE  
TEMPLE TERRACE, FL 33617 US

**New Mailing Address:**

**FEI Number:** 26-0705637      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANE, SAMUEL D  
212 MISSION HILLS AVE  
TEMPLE TERRACE, FL 33617 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:** LANE, SAMUEL D  
**Address:** 212 MISSION HILLS AVE  
**City-St-Zip:** TEMPLE TERRACE, FL 33617 US

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** LANE, SAMUEL D OWNER  
**Address:** 212 MISSION HILLS AVE  
**City-St-Zip:** TEMPLE TERRACE, FL 33617 US

**Title:** MGRM ( ) Change (X) Addition  
**Name:** HOFFMAN, TRISHA M OFFICER  
**Address:** 4308 LONGSHORE DRIVE  
**City-St-Zip:** LAND O LAKES, FL 34639 US

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:** TRISHA M HOFFMAN

MGMR

04/24/2008

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