## FILED Apr 10, 2008 8:00 am Secretary of State 04-10-2008 90128 035 \*\*\*138.75

## 2008 LIMITED LIABILITY COMPANY

	ANNU	AL KEPUKI			_				
1. Entity Nam	MENT # L0700010 VALLEY EXCAVATION								
Principal Plac	e of Business	Mailing Address	Mailing Address			60021582			
12854 W HWY 328			12854 W HWY 328			00051305			
OCALA, FL 34482		OCALA, FL 34482							
					2 200011011 0	N 24N 148N 28N 28N	 Al Alla Hall Carl	181 (BIB) B1181 (B	INN 111 INN
2. Principal Place of Business - No P.O. Box#		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E0	: 83 (12/06)	
City & State		City & State	City & State			% 177<03			plied For
Zip	Country	Country Zip Cod		ntry	4. FEI Number Applied For Not Applied For Not Applied For Status Desired 5. Certificate of Status Desired 5.00 Additional Fee Required				
6. Name and Address of Current Regi		rent Registered Agent	gistered Agent		7. Name and Address of New Registered Agent				
				*	<b>J</b>				
BRIANT, C 12854 W H OCALA, F	IWY 328		Street Addres		(P.O. Box Numb	ber is Not Acceptable	:)		
OCALA, FI	L 34402		<u> </u>						
<u> </u>				City				Zip Code	9.
0.75	· · · · · · · · · · · · · · · · · · ·			'			FL		
the obligat	named entity submits this statementions of registered agent.	nt for the purpose of changing it	s register	ed office or registe	ered agent, or bo	oth, in the State of Ho	rīda. lam t	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registere	rd Agent signature require	ed when reinstating)		DATE		5, 1 3 7
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538	3.75					e check pa Departma	ayable to ent of State	
9.	MANAGING MEI	MBERS/MANAGERS	10.			ADDITIONS/	CHANGES		
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1		☐ Delete	TITL!			4 hz 11		☐ Change	☐ Addition
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TITLE		☐ Delete	. iiir	E				. Change	. Addition
NAME STREET ADDRESS			NAM						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS - ST-ZIP					4.2
,	certify that the information supplied	with this filling does not qualify to			d in Chanter 110	Horida Statutor 15	other codif	that the infe	mation
indicated limited lia	certify that the information supplied on this report is true and accurate ability company or the receiver or true.	and that my signature shall have ustee empowered to execute this	e the same s report as	e legal effect as if s required by Cha	made under oat pter 608, Florida	h; that I am a manag Statutes.	ing membe	rormanage	r of the
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SIGNATURE: We so TYPED CRYPTINTED HAME OF SIGNANG MANAGER, MANAGER, OR AUTHORIZED REPRESEN						4-8-2008 Date		7/45 3	16/
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