## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000082789

Entity Name: CITY EXCAVATING, LLC

Title:

Name:

Address:

City-St-Zip:

MGRM

DEMARCO, JASON

27107 MATHESON AVE.

() Delete

BONITA SPRINGS, FL 34135 US

FILED Mar 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13850 TREELINE AVE, SOUTH SUITE 1 FORT MYERS, FL 33913 **New Mailing Address: Current Mailing Address:** 13850 TREELINE AVE, SOUTH SUITE 1 FORT MYERS, FL 33913 FEI Number: 26-3244314 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPOBASSO, GINO CAMPOBASSO, LUIGI 13850 TREELINE AVE, SOUTH 13850 TREELINE AVE, SOUTH SUITE 1 SUITE 1 FORT MYERS, FL 33913 US FORT MYERS, FL 33913 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: LUIGI CAMPOBASSO 03/17/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GEACH, ANTHONY Name: Name: 629 S. 4TH STREET Address: Address: City-St-Zip: ST. CHARLES, IL 60174 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition CAMPOBASSO, GINO Name: CAMPOBASSO, LUIGI Name: Address: 14685 BEAUFORT CIRCLE Address: 14685 BEAUFORT CIRCLE City-St-Zip: NAPLES, FL 34119 US City-St-Zip: NAPLES, FL 34119 US Title: MGRM () Delete Title: () Change () Addition DEMARCO R, J. ALEX Name: Name: 9830 COUNTRY OAKS DR. Address: Address: City-St-Zip: FT. MYERS, FL 33912 US 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: LUIGI CAMPOBASSO MGRM 03/17/2009