

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082789

Entity Name: CITY EXCAVATING, LLC

FILED  
Mar 09, 2010  
Secretary of State

**Current Principal Place of Business:**

13850 TREELINE AVE, SOUTH  
SUITE 1  
FORT MYERS, FL 33913 US

**New Principal Place of Business:**

**Current Mailing Address:**

13850 TREELINE AVE, SOUTH  
SUITE 1  
FORT MYERS, FL 33913 US

**New Mailing Address:**

FEI Number: 26-3244314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPOBASSO, LUIGI  
13850 TREELINE AVE, SOUTH  
SUITE 1  
FORT MYERS, FL 33913 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  
Name: GEACH, ANTHONY  
Address: 629 S. 4TH STREET  
City-St-Zip: ST. CHARLES, IL 60174 US

Title: MGRM  
Name: CAMPOBASSO, LUIGI  
Address: 14685 BEAUFORT CIRCLE  
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM  
Name: DEMARCO R, J. ALEX  
Address: 9830 COUNTRY OAKS DR.  
City-St-Zip: FT. MYERS, FL 33912 US

Title: MGRM  
Name: DEMARCO, JASON  
Address: 27107 MATHESON AVE.  
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby 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: LUIGI CAMPOBASSO

MGRM

03/09/2010

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