## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9600001252

1. Entity Name

METROPOLITAN CONSTRUCTION SERVICES, L.C.



## **FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90011 022 \*\*\*\*50.00

Principal Plac	ce of Business	Mailing Address			
3220 MONET DRIVE W. PALM BEACH GARDENS FL 33410		3220 MONET DRIVE N PALM BEACH GARDE			
2 Principal (	Place of Business	O Maillian Addans			
2. Principal Place of Business		3. Mailing Address		T THE TIME THE TRIVE BUILT BOTH TO THE TRIVE BUILT BOTH THE TRIVE BUILT BUILT BUILT BUILT BUILT BUILT BUILT BUILT	ll
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · ·	CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0717543 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional	able
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent	-
cui	IDDED IDWIN W		Name	The secretary of the second se	
322	PPER, IRWIN W O MONET DR W		Street A	ddress (P.O. Box Number is Not Acceptable)	
PAL	JM BEACH GARDENS FL 33410	}			$\neg$
			City	FL Zip Code	
8. The above	named entity submits this statemer	nt for the purpose of changin	g its registered office or	registered agent, or both, in the State of Florida. I am familiar with, and acc	ept
trie obligat	tions of registered agent.				j
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registered Agent signati	ure required when reinstating) DATE	Ì
			NOW!!! FEE IS \$		
			yable to Florida Der		1
			Due By May 1, 200:		
9.	MANAGING MEN	MBERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE	MEM	☐ Delete	TITLE	☐ Change ☐ Add	fition
NAME	SHIPPER, IRWIN		NAME		- [
STREET ADDRESS City-St-Zip	3220 MONET DRIVE W.		STREET ADDRESS		
	PALM BEACH GARDENS FL		CITY-ST-ZIP		
TITLE NAME	mem Shipper, David	☐ Delete	TITLE	☐ Change ☐ Add	ition
STREET ADDRESS	3220 MONET DRIVE W.		NAME Street Address		
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410	CITY-ST-ZIP		1
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1 I hereby or	ertify that the information equalised u	delegated a filling of the control of the			$\neg$

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NA OR AUTHORIZED REPRESENTATIVE

Daytime Phone #