

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000001356
1. Entity Name
AL'S CRANE SERVICE, L.L.C.



Principal Place of Business
25235 ROLLING OAK RD.
SORRENTO, FL 32776

Mailing Address
25235 ROLLING OAK RD.
SORRENTO, FL 32776

DO NOT WRITE IN THIS SPACE



04042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3531813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SAGERS, LEONARD
25235 ROLLING OAK RD.
SORRENTO, FL 32776

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SAGERS, LEONARD A 25235 ROLLING OAK RD. SORRENTO, FL 32776
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07/14/05-80010-008 50.00

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IN THIS SPACE**

11. 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: *Y. L. Sagers* 4 24 05 352 357-1630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #