2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jul 23, 2007 8:00 am
Secretary of State

05-30-2007 90081 027 ****50.00

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1. Entity Name

SCHERER CONSTRUCTION OF MIDDLE GA, LLC

Principal Place of Business	Mailing Address
507 N DAVIS DRIVE WARNER ROBINS GA 31093	2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		P.O. Box 2026	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Warner Robins, Georgia	
Zip	Country	Zip: 31099	Country: U.S.

1st MOORE CR2E083 (10/06)

4. FEI Number: 59-3548414 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W
201 N ARMENIA
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________________

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWELL, RONALD K 507 N DAVIS DRIVE WARNER ROBINS GA 31093 President	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Bouza, Ralph J. 507 N Davis Drive Warner Robins, GA 31093 Vice President	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: ______________________________ 5/23/07

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