

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # M01000000802

1. Entity Name
FORMWORK SERVICES, LLC



Principal Place of Business
**990 MAIN STREET
MONROE, OH 45050**

Mailing Address
**900 NORTH GARVER RD.
MONROE, OH 45050**



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1699303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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	P DANIEL LEE BAKER 5855 OAKRIDGE ROAD HAMILTON, OH 45011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO DENNIS WAYNE PHILLIPS 7253 BIGGER LANE CENTERVILLE, OH 45459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOUIS JOHN SCHWARTZ 7993 BLAIRHOUSE CINCINNATI, OH 45244
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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)(f), 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 NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #