

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-14-2002 90051 014 ****55.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **MO1000001105**

1. Entity Name

TRI-COUNTY FOOTER EXCAVATION, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1807 Jackson Ave.

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 548

Suite, Apt. #, etc.

City & State
Lehigh Acres, FL

City & State
Alva, FL

4. FEI Number
880492729

Applied For
Not Applicable

Zip
33972

Country
USA

Zip
33920

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
B. Spratlin

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

1807 Jackson Ave.

City
Lehigh Acres

FL

Zip Code
33972

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.

SIGNATURE

TBA *[Signature]* **BS**
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tri-County Footer Excavation
P.O. Box 624
Lehigh Acres, FL 33920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
UBOT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-9-02 239-368-1613

Date

Daytime Phone

CR2E083B (12/01)