

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001105

**FILED**  
**Apr 21, 2005**  
**Secretary of State**

**Entity Name:** TRI-COUNTY FOOTER EXCAVATION, LLC

**Current Principal Place of Business:**

1807 JACKSON AVE  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

1820 JACKSON AVE  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

PO BOX 548  
ALVA, FL 33920

**New Mailing Address:**

**FEI Number:** 88-0492729      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPRATLIN, B  
1807 JACKSON AVENUE  
LEHIGH ACRES, FL 33972      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: T      ( ) Delete  
Name: TRI-COUNTY FOOTER EX, CAVATION  
Address: PO BOX 624  
City-St-Zip: ALVA, FL 33920

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: TRI-COUNTY FOOTER EX, CAVATION  
Address: PO BOX 624  
City-St-Zip: ALVA, FL 33920

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: B SPRATLIN

MGR

04/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date