

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003035

1. Entity Name
EAST BANK CONTRACTORS, LLC



Principal Place of Business

**615 MAIN STREET
NASHVILLE, TN 37206**

Mailing Address

**615 MAIN STREET
NASHVILLE, TN 37206**



03052003 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1642863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA FILING & SEARCH SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303**

**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 reappointing)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

U000000160059
05/13/04-80005-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HARDAWAY, CATHERINE
615 MAIN STREET
NASHVILLE, TN 37206**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GOODRUM, KAY
615 MAIN STREET
NASHVILLE, TN 37206**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HARDAWAY, TAMMY
615 MAIN STREET
NASHVILLE, TN 37206**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 605, Florida Statutes.

SIGNATURE:

Cathy Hardaway

5/11/04

615-254-5461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #