

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000001798

1. Entity Name
SOUTHGATE CONSTRUCTORS, LLC



Principal Place of Business
**260 MACK PLACE
SOUTH PLAINFIELD, NJ 07080**

Mailing Address
**260 MACK PLACE
SOUTH PLAINFIELD, NJ 07080**



06302005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1864832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCFALL, JOHN
705 SE WALTON LAKES DR
PORT ST LUCIE, FL 34952**

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DI IORIO, FRED
260 MACK PLACE
SOUTH PLAINFIELD, NJ 07080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PORCHETTA, ANGELO
260 MACK PLACE
SOUTH PLAINFIELD, NJ 07080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PORCHETTA, VINCENT
260 MACK PLACE
SOUTH PLAINFIELD, NJ 07080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000370372
07/05/05-80014-001 50.00

**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)(c), 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 # _____