

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005668

FILED
Jul 01, 2005
Secretary of State

Entity Name: STRUCTURE BUILDERS & RIGGERS, LLC

Current Principal Place of Business:

1151 JESSAMINE STATION ROAD
NICHOLASVILLE, KY 40356

New Principal Place of Business:

Current Mailing Address:

1151 JESSAMINE STATION ROAD
NICHOLASVILLE, KY 40356

New Mailing Address:

P.O. BOX 225
NICHOLASVILLE, KY 40356

FEI Number: 20-1249168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEUCHTMAN, GARY B
501 COMMENDENCIA STREET
PENSACOLA, FL 32501 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/MANAGERS:

Title: MGRM () Delete
Name: HERRICK, TIM C
Address: 2015 LOGANA ROAD
City-St-Zip: NICHOLASVILLE, KY 40356

Title: MGR () Delete
Name: HERRICK, CINDY L
Address: 2015 LOGANA ROAD
City-St-Zip: NICHOLASVILLE, KY 40356

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIM C. HERRICK

MGRM

07/01/2005

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