

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000003556

1. Entity Name
**WALKER CONTRACTING GROUP OF NORTH CAROLINA,
LLC**



Principal Place of Business
**1300 TUNNEL RD
ASHEVILLE, NC 28805**

Mailing Address
**1300 TUNNEL RD
ASHEVILLE, NC 28805**



01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2960889

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INCRP SERVICES INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470**

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

0000000355678
03/28/08-80022-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WALKER, PHILLIP A
1300 TUNNEL RD
ASHEVILLE, NC 28805**

TITLE
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Phillip A. Walker **Phillip A. Walker**

03/06/08

828.299.1604 x17

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

Date

Daytime Phone #