

2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED** *LR 8/3*  
99 AUG -2 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEE \$ 588.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M98000001331**  
CM CONSTRUCTION AND DEVELOPMENT SERVICES, LLC  
9505 WILLIAMSBURG PLACE  
LOUISVILLE KY 40222

1a. Principal Place of Business Address

9505 WILLIAMSBURG PLACE  
LOUISVILLE KY 40222

2. Principal Place of Business  
9505 Williamsburg Plaza  
Suite, Apt. #, etc.

2a. Mailing Address  
Post Office Box 24261  
Suite, Apt. #, etc.

3. Date Organized or Qualified  
11/13/1998

3a. State of Formation  
KY

City & State  
Louisville, KY

City & State  
Louisville, KY

4. FEI Number

31-1572673

☐ Applied For  
☐ Not Applicable

Zip Country  
40222 U.S.A.

Zip Country  
40224 U.S.A.

5. Date of Last Report

6. Certificate of Status Desired  
\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TAYLOR, RICHARD	9505 WILLIAMSBURG PLACE	LOUISVILLE KY
MGRM	GARNER, C. HUNT	9505 WILLIAMSBURG PLACE	LOUISVILLE KY
MGRM	BLEIDT, JOHN	9505 WILLIAMSBURG PLACE	LOUISVILLE KY
MGRM	CARROLL, JULIAN	9505 WILLIAMSBURG PLACE	LOUISVILLE KY

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\*\*\*\*588.75 \*\*\*\*588.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]*

*CFO*

*7/31/99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #