

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000000904

1. Entity Name
LECHASE CONSTRUCTION SERVICES, LLC



Principal Place of Business
**300 TROLLEY BLVD
ROCHESTER, NY 14606-0830**

Mailing Address
**300 TROLLEY BLVD
ROCHESTER, NY 14606-0830**



01262006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1512277

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
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303**

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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 May 1, 2006**

1100000502707
04/26/06-80003-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LECHASE, R. WAYNE
420 WINDWARD SHORES DR
WEBSTER, NY 14580**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BILLS, STEPHEN L
8078 DRYER ROAD
VICTOR, NY 14564**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Raymond W. LeChase*

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

Date

Daytime Phone #

RAYMOND W. LECHASE