

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 23, 2007 08:00 A**  
**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**

**DO NOT WRITE IN THIS SPACE**



05152007No Chg-LLC

CR2E083 (11/05)

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  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301**

**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 14, 2007**

**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

000000765264  
05/31/07-80032-007 50.00

**DO NOT WRITE  
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:** \_\_\_\_\_

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

Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

5-16-07