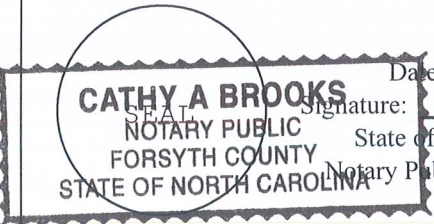


Name of Prime Contractor: D+D GRADING INC. Project Name: \_\_\_\_\_  
**\*\*Are you a certified M/WBE?** \_\_\_\_\_ Yes X No

The Bidder/Participant must indicate all subcontracts (M/WBE & NON-M/WBE) it intends to utilize as follows:

MBE	WBE	NON M/WBE	Subcontractor Name & County**	Nature of Work to be Performed	% Utilization
✓			<u>JULIUS RANKIN</u> <u>GUILFORD COUNTY</u>	<u>HAULING + GRADING</u>	<u>10%</u>
✓			<u>JUAREZ CONCRETE LLC</u> <u>GUILFORD COUNTY</u>	<u>CONCRETE WORK</u>	
✓			<u>MICKEY'S LEASING</u> <u>GUILFORD COUNTY</u>	<u>HAULING + GRADING</u>	
<p><b>**Only M/WBE firms that are certified by the North Carolina Department of Administration or the North Carolina Department of Transportation and have a significant business presence within the Greensboro MSA (Guilford, Randolph, Rockingham, Forsyth, Stokes, Davie, Yadkin, Davidson, Alamance and Surry Counties) will be counted towards the M/WBE goal(s).</b></p>				<b>Total NON-M/WBE Utilization Commitment</b>	
				<b>Total MBE Utilization Commitment</b>	
				<b>Total WBE Utilization Commitment</b>	
				(Submit Additional pages, if necessary)	

The undersigned will enter into a formal agreement with the M/WBE firm(s) for work listed on this affidavit conditional upon execution of a contract with the City of Greensboro. Breach of this commitment constitutes breach of bidder's contract if awarded. The undersigned hereby certifies that he or she has read the terms of this certification and is authorized to bind the Bidder in accordance herewith. Signature and title of authorized official of the company and the date must be properly executed or this document will be deemed nonresponsive.


 Date: JUNE 7, 2019 Name of Authorized Officer: Eddie Donnell  
 Signature: [Signature] Title: SECRETARY  
 State of NC County of Forsyth  
 Notary Public Cathy A. Brooks My commission expires: 5-17-22

• File an Annual Report/Amend an Annual Report • Upload a PDF Filing • Order a Document Online •  
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an Amended a Annual Report form

## Limited Liability Company

### Legal Name

RANKIN III GRADING, LLC

### Information

**SosId:** 1065111

**Status:** Current-Active

**Annual Report Status:** Current

**Citizenship:** Domestic

**Date Formed:** 9/26/2008

**Registered Agent:** Rankin, Julius , III

### Addresses

#### Mailing

119 Maxfield Road  
Greensboro, NC 27405

#### Principal Office

119 Maxfield Road  
Greensboro, NC 27405

#### Reg Office

119 Maxfield Road  
Greensboro, NC 27405

#### Reg Mailing

119 Maxfield Road  
Greensboro, NC 27405

## Company Officials

All LLCs are managed by their managers pursuant to N.C.G.S. 57D-3-20.

### Member

Julius Rankin , III  
119 Maxfield Road  
Greensboro NC 27405





10/2017

## LIMITED LIABILITY COMPANY ANNUAL

SOSID: 1065111  
 Date Filed: 3/29/2019 11:59:00 PM  
 Elaine F. Marshall  
 North Carolina Secretary of State  
 C2019 093 03418

NAME OF LIMITED LIABILITY COMPANY: RANKIN III GRADING, LLCSECRETARY OF STATE ID NUMBER: 1065111 STATE OF FORMATION: NCREPORT FOR THE CALENDAR YEAR: 2019

Filing Office Use Only

☒ Changes

## SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Julius Rankin , III

2. SIGNATURE OF THE NEW REGISTERED AGENT: \_\_\_\_\_

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS &amp; COUNTY

119 Maxfield RoadGreensboro, NC 27405 Guilford

4. REGISTERED OFFICE MAILING ADDRESS

119 Maxfield RoadGreensboro, NC 27405

## SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Grading2. PRINCIPAL OFFICE PHONE NUMBER: (336) 272-79423. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS &amp; COUNTY

119 Maxfield RoadGreensboro, NC 27405 Guilford

5. PRINCIPAL OFFICE MAILING ADDRESS

119 Maxfield RoadGreensboro, NC 27405

6. Select one of the following if applicable. (Optional see instructions)

☐

The company is a veteran-owned small business

☐

The company is a service-disabled veteran-owned small business

## SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: Julius Rankin , III

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: Member

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

119 Maxfield RoadGreensboro, NC 27405

## SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

SIGNATURE

DATE

Form must be signed by a Company Official listed under Section C of This form.

Julius Rankin IIIMember

Print or Type Name of Company Official

Print or Type Title of Company Official

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$200

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525