

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000075773**  
 1. Entity Name  
**BEN NETTLES CONCRETE DESIGN, LLC**



Principal Place of Business 1800 NORTHGATE BLVD. STE B-1 SARASOTA, FL 34243	Mailing Address 7123 TREYMORE CT. SARASOTA, FL 34243
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**DO NOT WRITE IN THIS SPACE**



04102008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5223857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ANGLIN, KIPP  
 7123 TREYMORE CT.  
 SARASOTA, FL 34243

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGLIN, KIPP 7123 TREYMORE CT. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NETTLES, BEN 2500 59TH ST. SARASOTA, FL 34243
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 04/24/08-80091-007 138.75

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:** *Kipp E. Anglin* **KIPPE E. Anglin** **4-10-08** **941-345-5654**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #