

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000034857

**Entity Name:** SUMMIT READY MIX LLC

**Current Principal Place of Business:**

5700 LAKE WRIGHT DRIVE  
300  
NORFOLK, VA 23502

**Current Mailing Address:**

5700 LAKE WRIGHT DRIVE  
300  
NORFOLK, VA 23502 US

**FEI Number:** 75-3216104

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ZARKALIS, BILL MR  
Address 5700 LAKE WRIGHT DRIVE  
300  
City-State-Zip: NORFOLK VA 23502

Title MGR  
Name RAFFERTY, JENNIFER M  
Address 5700 LAKE WRIGHT DRIVE  
300  
City-State-Zip: NORFOLK VA 23502

Title MGR  
Name WILT, JR, LAWRENCE HMR  
Address 5700 LAKE WRIGHT DRIVE  
300  
City-State-Zip: NORFOLK VA 23502

Title PRESIDENT  
Name DUNLAP, RANDY  
Address 5700 LAKE WRIGHT DRIVE  
300  
City-State-Zip: NORFOLK VA 23502

Title CHIEF LEGAL COUNSEL  
Name CHRISTY, JOHN W  
Address 5700 LAKE WRIGHT DRIVE  
300  
City-State-Zip: NORFOLK VA 23502

Title MANAGER  
Name FITTLER, KAREN V  
Address 5700 LAKE WRIGHT DRIVE  
300  
City-State-Zip: NORFOLK VA 23502

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNIFER M. RAFFERTY

VP, GENERAL COUNSEL      01/20/2020  
& SECRETARY

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date