

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000239963

**Entity Name:** SURFACES CONSTRUCTION GROUP, LLC

**Current Principal Place of Business:**

3240 GOODIRON WAY  
NORTH CHARLESTON, SC 29418

**Current Mailing Address:**

PO BOX 41188  
NORTH CHARLESTON, SC 29423

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS, INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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 AMBR  
Name SHAW, JOSEPH L  
Address 10013 N CAROLINA RD  
City-State-Zip: MCCLELLANVILLE SC 29458

Title AMBR  
Name LOWELL, RICHARD B  
Address 5403 CLAIRMONT LN  
City-State-Zip: NORTH CHARLESTON SC 29420

Title AMBR  
Name KELLER, GLEN J  
Address 1638 GILSTRAP LN NW  
City-State-Zip: ATLANTA GA 30318

Title AMBR  
Name KELLER, KYLE F  
Address 1114 NORTH BLVD  
City-State-Zip: CHARLESTON SC 29405

Title AMBR  
Name KELLER, DAVID E  
Address 1527 CREEKSIDE WAY  
City-State-Zip: CHARLESTON SC 29492

Title MGR  
Name JOHNSON, MADISON E II  
Address 651 CLEARVIEW DR  
City-State-Zip: CHARLESTON SC 29412

*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: MADISON E JOHNSON II**

**MGR**

**04/19/2021**

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

\_\_\_\_\_  
Date