

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003635

Entity Name: ASSOCIATED ASPHALT TAMPA, LLC**Current Principal Place of Business:**2829 LAKELAND DRIVE
FLOWOOD, MS 39232**Current Mailing Address:**P.O. BOX 23028
JACKSON, MS 39225-3028 US**FEI Number:** 26-0232371**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST
SUITE 4
TALLAHASSEE, FL 32301 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 MGRM
Name ASSOCIATED ASPHALT PARTNERS, LLC
Address 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title EXEC VP & CFO
Name WALL, ALAN
Address 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title SENIOR VP
Name BROOKS, DREW
Address 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title SR VP - SALES & MARKETING
Name TOMKINS, LARRY
Address 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title PRESIDENT
Name NATION, PATRICK
Address 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title EXEC VP
Name PATRICK, KRIS
Address 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title SR VP - OPERATIONS
Name ADAMS, STEVE
Address 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

Title SECRETARY
Name STONE, KATHRYN W
Address 2829 LAKELAND DRIVE
City-State-Zip: FLOWOOD MS 39232

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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: ALAN WALL

EXEC VP & CFO

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	TREASURER
Name	HODGES, KENNETH E
Address	2829 LAKELAND DRIVE
City-State-Zip:	FLOWOOD MS 39232