

L 0000000 4635

Cover letter- Florida Limited Liability Company

Robert Edward MacDonald  
100 18<sup>th</sup> St. NW  
Ruskin, FL 33570

Daytime Telephone # 941-650-6555

*Handwritten scribbles*

600003190436--4  
-03/30/00--01093-015  
\*\*\*130.00 \*\*\*130.00

FILED  
00 APR 21 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

54



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 5, 2000

ROBERT EDWARD MACDONALD  
100 18TH ST NW  
RUSKIN, FL 33570

SUBJECT: LEGACY CONCRETE L.C.  
Ref. Number: W00000009088

We have received your document for LEGACY CONCRETE L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan  
Document Specialist

Letter Number: 100A00018652

FILED  
00 APR 21 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LEGACY CONCRETE L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

100 18TH ST. NW  
RUSKIN, FL 33570

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Robert Edward MacDonald  
Name  
100 18TH ST NW  
Florida street address (P.O. Box **NOT** acceptable)  
Ruskin FL 33570  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Robert E MacDonald  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Robert E MacDonald  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert E MacDonald  
Typed or printed name of signee

FILED  
00 APR 21 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)