

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000004641

1. Entity Name
FLOAT-CRETE SYSTEMS, LLC



Principal Place of Business
417 WEST RIVER ROAD
PALATKA, FL 32177

Mailing Address
417 WEST RIVER ROAD
PALATKA, FL 32177



03152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3645117

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIRD-LOEFFLER, BONNIE L
417 WEST RIVER RD.
PALATKA, FL 32177

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	LOEFFLER, FEDERICO
STREET ADDRESS	LAJA 118
CITY-ST-ZIP	MEXICO, 01900
TITLE	CFO
NAME	MASSEY, KENNETH DR
STREET ADDRESS	AV. DEL BOSQUE SUITE 915-706
CITY-ST-ZIP	PROVIDENCIA, SA 66507
TITLE	QD
NAME	BIRD, BILL
STREET ADDRESS	15 MAYFLOWER
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/06-80051-009 55.00

**DO NOT WRITE
IN THIS SPACE**

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: *Bonnie L. Bird-Loeffler* **Bonnie L. Bird-Loeffler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

19.04.06

386-325-15