## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L00000007934**

1. Entity Name B & L CONCRETE, LLC



Principal Place of Business

100 POINCIANA LANE LARGO, FL 33770 Mailing Address

100 POINCIANA LANE LARGO, FL 33770

## FILED Mar 15, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3653845

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DES ROCHERS, OLIVA 100 POINCIANA LANE LARGO, FL 33770

## DO NOT WRITE IN THIS SPACE

Date

Dayame Phone #

| 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<br>Due by May 1, 2004  |   |  | U00000089684<br>03/15/04-80101-025 50.00 |
| 9.   | MANAGING MEMBERS/MANAGERS                               |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM FAVERO, TERRY 100 POINCIANA LANE LARGO, FL 33770   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MEM DESROCHERS, LOLA 100 POINCIANA LANE LARGO, FL 33770 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | DO   | NOT WRITE                                |
| title<br>Name<br>Street Address<br>City-St-Zip   |   | IN ·   | THIS SPACE                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  | · · · · · · · · · · · · · · · · · · ·    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 it is report as required by Chapter 608, Florida Statutes. |   |  |  |

IND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE