

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015165

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: TILTCRETE, LLC

**Current Principal Place of Business:**

12599 NW 107TH AVENUE  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

12599 NW 107TH AVENUE  
MEDLEY, FL 33178

**New Mailing Address:**

FEI Number: 65-1072136      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

STREETER, TIMOTHY  
12599 NW 107TH AVENUE  
MEDLEY, FL 33178      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STREETER, TIMOTHY  
Address: 1060 SAN PEDRO AVENUE  
City-St-Zip: CORAL GABLES, FL 33156

Title: MGRM ( ) Delete  
Name: CANCIO, JOSE  
Address: 198 CROBA COURT  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM ( ) Delete  
Name: CANCIO, JOSE A  
Address: 799 CRANDON BLVD #308  
City-St-Zip: KEY BISCAWAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TIMOTHY STREETER

MGR

07/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date