## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100000259

1. Entity Name

CONCRETE CREATIONS, LLC

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME O



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90037 024 \*\*\*\*50.00

| Stopping     | 707 LAKESHOR        | e of Business  |                                 | TO WE                                     |  |  |
|---|---------------------|--|---------------------------------|---|--|--|
| EUSTIS FL 92726  2. Principal Prace of Business  Suite, Apt. e. etc.  Suite, Apt. e. etc.  City & State  A. FEI Number IN NOT APPLICABLE  Applied For International Content of State Desired  For Foundation of Phylicida Desired  Applied For TOT LAKESHORE principal and address of Current Registered Agent  ALEN, BRAD T 707 LAKESHORE principal and address of Current Registered Agent  ALEN, BRAD T 707 LAKESHORE principal and address of Current Registered Agent  City & FL  City  FL  City  FL  City  FL  City  FL  Dip Code  6. The above named only 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 accent the content of registered agent.  City  FLE NOW!!! FEEL IS 50.00  Make Check Payable to Florida Department of State  Due by May 1, 2003  P.  MANAGING MEMBERS / MANAGERS  100  Make Check Payable to Florida Department of State  Due by May 1, 2003  Make Check Payable to Florida Department of State  Due by May 1, 2003  P.  MANAGING MEMBERS / MANAGERS  101  TILL  MARE  ALEN, BRAD  707 LAKESHORE  CUSTS FL 20726  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addit  |                     |  | <del>-</del>                    |   |  |  |
| Surie, Apt. #, etc.   Surie, Apt. #, etc.   Criy & State   A. FEI Number NOT APPLICABLE   Applied For   Not Applied For   Post   Not Applied For   Post   Not Applied For   Post   Not Applied For   Post   P  |                     |  |                                 |   |  |  |
| Surie, Apt. #, etc.   Surie, Apt. #, etc.   Criy & State   A. FEI Number NOT APPLICABLE   Applied For   Not Applied For   Post   Not Applied For   Post   Not Applied For   Post   Not Applied For   Post   P  | 2. Principal P      | ace of Business  | 3. Mailing Address              |   |  |  |
| City & State  Country  So Certificate of Status Dearer  So Assessment For Equipment  Name  Name  Name  Name  Name  Name  Shout Address of New Registered Agent  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City    |                     |  |                                 |   |  |  |
| ZP Country  | Suite, Apt. #, etc. |  | Suite, Apt. #, etc.             |   | ☐ CHECK HERE IF MAKING CHANGES   |  |
| S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  ALLEN, BRAD T 7707 LAKESHORE DRIVE EUSTIS FL 32728  6. The above named evitive submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. Lam familiar with, and access the obligations of registered agent.  SIGNATURE  By May 1, 2003  8. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  BY MANAGING MEMBERS/MANAGERS  11. ADDITIONS/CHANGES  12. ADDITIONS/CHANGES  13. ADDITIONS/CHANGES  14. ADDITIONS/CHANGES  15. ADDITIONS/CHANGES    | City & State        |  | City & State                    |   |  |  |
| ALLEN, BRAD T 7/07 LAKESHORE DRIVE EUSTIS FL 32726  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and access the collegations of registered agent.  SIGNATURE    Open   | Zip                 |  |                                 | Country                                   | 5. Certificate of Status Desired \$5.00 Additional                           |  |
| ALLEN, BRAD T 707 LAKESHORE DRIVE EUSTIS FL 32728  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accentable the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accentable the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accentable the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accentable the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accentable the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accentable the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accentable the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accentable the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accentable the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accentable the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accentable the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accentable to Florida Descriptions of Florida De  |                     | 6. Name and Address of Curre   | nt Registered Agent             |   |  |  |
| TOT LAKESHORE DRIVE EUSTIS FL 32728    City   FL   Zip Code   | ALLE                | n. Brad t  |                                 | Name                                      |  |  |
| ELE NORSS  THE ADDRESS  THE ADDRESS  City  City  FL Zip Code  City  FL State of Florids. I am familiar with, and acce  City Begintered agent, or both, in the State of Florids. I am familiar with, and acce  SIGNATURE  Signature types or printed name of impatitived agent and like in applicable.  ANDE Registered Agent, or both, in the State of Florids. I am familiar with, and acce  ANDE Registered Agent, or both, in the State of Florids. I am familiar with, and acce  ANDE Registered Agent, or both, in the State of Florids. I am familiar with, and acce  ANDE Registered Agent, or both, in the State of Florids. I am familiar with, and acce  ANDE Registered Agent, or both, in the State of Florids. I am familiar with, and acce  ANDE Registered Agent, or both, in the State of Florids. I am familiar with, and acce  ANDE Registered Agent, or both, in the State of Florids. I am familiar with, and acce  ANDE Registered Agent, or both, in the State of Florids. I am familiar with, and acce  ANDE Registered Agent, or both, in the State of Florids. I am familiar with, and acce  ANDE Registered Agent, or both, in the State of Florids. I am familiar with, and acce  ANDE Registered Agent, or both, in the State of Florids. I am familiar with, and acce  ANDE Registered Agent, or both, in the State of Florids. I am familiar with, and acce  FILE NOW!! FEE IS \$50.00  ADDITIONS/CHANGES  ITILE  ANDE REGISTARDES  ADDITIONS/CHANGES  ADDITIONS/ | 707 LAKESHORE DRIVE |  |                                 | Street Addres                             | ss (P.O. Box Number is Not Acceptable)                                       |  |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am lamiliar with, and access the obligations of registered agent.    Color   | LOGI                | 10 FL 32720  |                                 |   | ,  |  |
| 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent.    SIGNATURE   |                     |  |                                 | City                                      | Zip Code   |  |
| SIGNATURE    Signature   Injured or permeter name of registreed agent and like if applicable. (NOTE Registered Agent approached here registrating)   DATE   | 8. The above r      | named entity submits this statement  | for the purpose of changing its | registered office or regist               | tered agent, or both, in the State of Florida. Lam familiar with and account |  |
| FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  MANAGING MEMBERS/MANAGERS  TILE MGR ALLEN, BRAD 707 LAKESHORE FUSTIS FL 32726  TILE MAME MAME MAME MAME MAME MAME MAME MA   | SIGNATURE           | ignature, typed or printed name of registered acc  | and title if applicable         | T. Continued Associated                   |  |  |
| Make Check Payable to Florida Department of State Due By May 1, 2003    MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES   Addition  |                     | b man and the state of the stat |                                 |   |  |  |
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