2002 UNIFORM BUSINESS REPORT (UBR)

05-22-2002 90068 004 ***150.00
L01000014821

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 10 PM 2:29

DOCUMENT # L01000014821

1. Entity Name
SOUTHWEST CONCRETE, LLC

Principal Place of Business	Mailing Address
4509 BEE RIDGE ROAD, STE. C SARASOTA FL 34233-5817	4509 BEE RIDGE ROAD, STE. C SARASOTA FL 34233-5817

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc. Suite C
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65 1133912 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLFINGER, ENOLA H 4509 BEE RIDGE ROAD, STE. C SARASOTA FL 34233-5817	Name Street Address (P.O. Box Number is Not Acceptable) Suite C City FL Zip Code

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.

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE Managing member NAME Kim M. Tomkinson STREET ADDRESS 7115 Lago Street CITY-ST-ZIP Sarasota FL 34241	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE Member NAME Richard Tomkinson STREET ADDRESS 7115 Lago Street CITY-ST-ZIP Sarasota FL 34241	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12/10/02

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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 4-30-02 941-378-4972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (9/01)