


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000000790	
1. Entity Name SIX LADIES CONCRETE SERVICES, LLC	

**FILED**  
04 APR -9 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 12599 N.W. 107 AVE. MEDLEY, FL 33178	Mailing Address 12599 N.W. 107 AVE. MEDLEY, FL 33178
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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01222004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 90-0003350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BLANCO, MARILI C 100 S.E. 2ND STREET 18TH FLOOR MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name Street City	
Patricia Bernardini 12599 NW 107th Street Medley, Florida 33178	
Zip Code	FL

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 <u>Patricia C Bernardini</u>	DATE

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO BERNARDINI, PATRICIA 1421 CAMELIA CIRCLE WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONADIO, CLAUDIA M 4556 N.W. 104 AVE. MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Patricia C Bernardini</u>	Date <u>2/2/04</u> Daytime Phone # <u>786 295 7680</u>