


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90550 022 \*\*\*\*50.00

<b>DOCUMENT #</b> <i>L02000000790</i>	
<b>1. Entity Name</b> Six Ladies Concrete Services, LLC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 12599 NW 107 Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 12599 NW 107 Ave Suite, Apt. #, etc.	
<b>City &amp; State</b> Medley FL		<b>City &amp; State</b> Medley FL	
<b>Zip</b> 33178	<b>Country</b> USA	<b>Zip</b> 33178	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 90-0003350		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> Marili C. Blanco	
	<b>Street Address</b> (P.O. Box Number is Not Acceptable) 100 SE 2 St, 17 floor	
	<b>City</b> Miami	<b>FL</b> <b>Zip Code</b> 33131


I, 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 **DATE** \_\_\_\_\_

<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>
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<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President - Patricia C. Bernardini 1421 Camellia Circle Weston FL 33326	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Vice-President - Claudia M. Donadio 4556 NW 104 Ave Miami FL 33178	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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.

<b>SIGNATURE:</b> 	<b>Patricia C. Bernardini/Pres.</b>	<b>4/8/03</b>	<b>(786) 486-7734</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E083B (12/02)