

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90101 014 ****55.00

DOCUMENT # L02000004431

1. Entity Name
TRS CONCRETE RECYCLING, LLC



Principal Place of Business
909 BARREL AVE.
FT. PIERCE, FL 34982

Mailing Address
909 BARREL AVE.
FT. PIERCE, FL 34982



01062004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE# Number
02-0553818

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, TRACY
10500 W. MIDWAY RD.
FORT PIERCE, FL 34945

**DO NOT WRITE
IN THIS SPACE**

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 *Tracy Hawk*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-6-04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HAWKINS, TOMMY
4665 S. 25TH STREET
FT. PIERCE, FL 34981

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: *Tommy Hawk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-6-04 772-464-7587
Date Daytime Phone #