

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-14-2003 90322 008 ****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

44005661

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0553818

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DUNGEY, RICHARD J
1100 SOUTH FEDERAL HIGHWAY
WARNER, FOX, WACKEN, DUNGEY, SEELEY, SWEE
STUART FL 34984

7. Name and Address of New Registered Agent

Name Tracy Hawkins
Street Address (P.O. Box Number is Not Acceptable)
10500 W. Midway Rd.
City Ft. Pierce FL Zip Code 34945

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 Hawkins

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

(NOTE: Registered Agent signature required when reinstating)

7-7-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME HAWKINS, TOMMY
STREET ADDRESS 4685 S. 25TH STREET
CITY-ST-ZIP FT. PIERCE FL 34981

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 L. Hawkins
SIGNATURE REQUIRED

7-20-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)