

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011976

Entity Name: SEDIMEX, LLC

FILED
Jul 07, 2004
Secretary of State

Current Principal Place of Business:

7345 SAND LAKE RD.
203
ORLANDO, FL 32819

New Principal Place of Business:

7345 SAND LAKE RD.
202
ORLANDO, FL 32819

Current Mailing Address:

7345 SAND LAKE RD.
203
ORLANDO, FL 32819

New Mailing Address:

7345 SAND LAKE RD.
202
ORLANDO, FL 32819

FEI Number: 01-0687249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORO, RUBEN D
7345 SAND LAKE RD.
204
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SALAZAR, JUAN D
Address: 8085 CADIZ CT.
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: SELEITA, MAYARI V
Address: 10738 MYSTIC CIR.
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: URREGO, MAURICIO
Address: 10738 MYSTIC CIR.
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAURICIO URREGO

MGRM

07/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date