


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90029 032 ****55.00

DOCUMENT # L02000023908 1. Entity Name MAC CONCRETE CONSTRUCTION, LLC			
Principal Place of Business 552 S. HIGHWAY 27 SUITE A MINNEOLA, FL 34715		Mailing Address 552 S. HIGHWAY 27 SUITE A MINNEOLA, FL 34715	
2. Principal Place of Business - No P.O. Box # 803 4TH ST. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 593455 Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando Florida	
Zip 32824		Zip 32824	
Country Orlando		Country Orlando	
4. FEI Number 02-0640973		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHMID, JOHN D 552 SOUTH HIGHWAY 27 SUITE A MINNEOLA, FL 34715		7. Name and Address of New Registered Agent Name Coley, Marty Street Address (P.O. Box Number is not acceptable) 803 4TH STREET City Orlando FL Zip Code 32824	
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 the registered agent. SIGNATURE <u><i>Marty Coley</i></u> DATE <u>1-5-07</u> <small>Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMID, JOHN D 552 SOUTH HIGHWAY 27, STE A MINNEOLA, FL 34715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMID, GEORGE M 552 SOUTH HIGHWAY 27 STE A MINNEOLA, FL 34715 <input type="checkbox"/> Delete	MGRM Schmid, George M 803 4TH ST. Orlando FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLEY, MARTY 552 SOUTH HIGHWAY 27 STE A MINNEOLA, FL 34715 <input type="checkbox"/> Delete	MGRM Coley, Marty 803 4TH ST. Orlando FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>Marty Coley</i></u> DATE <u>1-5-07</u> DAYTIME PHONE # <u>321-689-3860</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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ATTACHMENT

JOB # 1000

COST CODE 6285

PAY 55.00

APPROVAL Marty Coley

DATE 1-5-07

20000992



01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-0640973 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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MAC CONCRETE CONSTRUCTION, LLC



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SUITE A
MINNEOLA, FL 34715

Mailing Address
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MINNEOLA, FL 34715

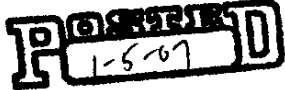
2. Principal Place of Business - No P.O. Box #
803 4TH ST.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 593455
Suite, Apt. #, etc.

City & State
Orlando FL
Zip 32824 Country Orange

City & State
Orlando Florida
Zip 32824 Country Orange

SCHMID, JOHN D
552 SOUTH HIGHWAY 27
SUITE A
MINNEOLA, FL 34715



Name Coley, Marty
Street Address (P.O. Box Number is Not Acceptable)
803 4TH Street
City Orlando FL 32824

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SIGNATURE Marty Coley

(NOTE: Registered Agent signature required when reinstating)

DATE 1-5-07

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SIGNATURE: Marty Coley

DATE 1-5-07 DAYTIME PHONE # 321-689-3860

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