

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000027559**

**1. Entity Name**

**CLASSIC BRICK PAVERS OF CENTRAL FLORIDA, LLC**



**Principal Place of Business**

**590 W. MAIN STREET  
LAKE HELEN, FL 32744**

**Mailing Address**

**590 W. MAIN STREET  
LAKE HELEN, FL 32744**



01032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**37-1441489**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SANDE, ALLEN C  
590 W. MAIN STREET  
LAKE HELEN, FL 32744**

**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**

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>SANDE ENTERPRISES, INC.</b>
<b>STREET ADDRESS</b>	<b>980 GERYL WAY</b>
<b>CITY-ST-ZIP</b>	<b>DELAND, FL 32724</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>ROBERT G. BURNS, INC.</b>
<b>STREET ADDRESS</b>	<b>3535 MARSH ROAD</b>
<b>CITY-ST-ZIP</b>	<b>DELAND, FL 32724</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>	

U00000782883  
01/15/08-80094-008 138.75

**DO NOT WRITE  
IN THIS SPACE**

**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:**

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

Date

Daytime Phone #

**1-9-2008 386-228-0237**