2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 04, 2007 8:00 am Secretary of State DOCUMENT # L03000007246 1. Entity Name 05-04-2007 90305 001 ****50.00 DI'S CONCRETE AND MASONRY, LLC Principal Place of Business Mailing Address 5811 NE 22ND TERRACE FORT LAUDERDALE FL 33308 5811 NE 22ND TERRACE FORT LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address NE 22Nd Terran Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Applied For 4. FEI Number 61-1443482 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRESTON, CLYDE A Street Address (P.O. Box Number is Not Acceptable) -10211 PINES BLVD. SUITE 211 PEMBROKE PINES FL 33026 Zip Code 8. The above named entity submits this ptatement 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, stered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State . Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM □ Delete □ Change ☐ Addition NAME NAME DIBONA, DIANA STREET ADDRESS STREET ADDRESS 5811 NE 22ND TERRACE CITY-ST-7/P CITY - ST - 7/P FORT LAUDERDALE FL 33308 ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY SI-7P CITY - ST- ZIP TITLE Defete mu ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CHY-S1-7IP CITY-ST-ZIP TITLE Delete HILE Change Addition NAME NAME STREET ADDRESS STRILL ADDRESS CITY-ST-ZIP CITY-S1-7IP ☐ Delete ш Change ☐ Addition BILL STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY-S1-7IP ШЩ TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED