


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90069 011 ****50.00

DOCUMENT # L03000040037 1. Entity Name SOUTHERN STATE CONCRETE, L.L.C.					
Principal Place of Business 8417 A LITTLETON RD NORTH FORT MYERS, FL 33903			Mailing Address 8417 A LITTLETON RD NORTH FORT MYERS, FL 33903		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2323 Del Prado Blvd S			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #7-116			
City & State		City & State Cape Coral FL		4. FEI Number 20-0313220	
Zip		Zip 33990-4611		Country USA	
6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ STE. C, 1105 CAPE CORAL PKWY. EAST CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</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 TRANI, BRYCE J 8417 A LITTLETON RD NORTH FORT MYERS, FL 33903	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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>James A DeBour Secy Treas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>2/7/07</u> (239) 464-4568 <small>Daytime Phone #</small>	