

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90032 039 ****50.00

DOCUMENT # L03000040891

1. Entity Name
CONCRETE360, LLC



Principal Place of Business
**1439 LIVE OAK ST STE E
NICEVILLE FL 32578**

Mailing Address
**1439 LIVE OAK ST STE E
NICEVILLE FL 32578**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Concrete360, LLC
1439 Live Oak Street
Suite E
Niceville, FL 32578**

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

86-1089196

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

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

**BURKE, M. TODD ESQ
BURKE, BLUE & HUTCHISON, P.A.
215 GRAND BLVD., STE. 101
DESTIN FL 32550**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SPAULDING, MARK
1439 LIVE OAK SE STE E
NICEVILLE FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BRAMBLEY, THOMAS
1439 LIVE OAK SE STE E
NICEVILLE FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

4.24.06