FILED
Jun 20, 2008 8:00 am
Secretary of State

05-15-2008 90081 048 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046340

1. Entity Name
SANCHEZ CONCRETE, LLC

Principal Place of Business	Mailing Address
126 ASTER DR DAVENPORT, FL 33897 US	PO BOX 627 DAVENPORT, FL 33836 US

05142008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
275 Mango Dr		PO Box 136836	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Davenport FL		City & State: Clermont, FL	
Zip: 33897	Country: USA	Zip: 34713	Country: USA

4. FEI Number: 20-0420751 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MINOR, DEBI
4609 HWY 17-92 W
HAINES CITY, FL 33844

7. Name and Address of New Registered Agent

Name: Miguel Sanchez
Street Address (P.O. Box Number Is Not Acceptable): 275 Mango dr.
City: Davenport FL Zip Code: 33897

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: Miguel A Sanchez Miguel A. Sanchez MGRM DATE: 6/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SANCHEZ, MIGUEL A 126 ASTER DR DAVENPORT, FL 33897 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Sanchez, Miguel A. 275 Mango dr Davenport FL 33897 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Miguel A Sanchez Miguel A. Sanchez, MGRM 6/17/08 (863) 5571774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #