

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-26-2004 90062 031 ****50.00

DOCUMENT # L03000046969 1. Entity Name HAYES CONCRETE TOPPINGS, LLC					
Principal Place of Business 520 SW 21ST TERRACE CAPE CORAL FL 33991			Mailing Address 520 SW 21ST TERRACE CAPE CORAL FL 33991		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0582676	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SVIDRON, JOHN JR. 520 SW 21ST TERRACE CAPE CORAL FL 33991				7. Name and Address of New Registered Agent 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 _____ (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, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE ☐ Delete MGR SVIDRON, JOHN JR. 520 SW 21ST TERRACE CAPE CORAL FL 33991			TITLE ☐ Change ☐ Addition MGR SVIDRON, JOHN JR. 1400 NW 3RD TER CAPE CORAL, FL 33993		
TITLE ☐ Delete MGR SVIDRON, JOHN JR. 1400 NW 3RD TER CAPE CORAL, FL 33993			TITLE ☐ Change ☒ Addition MGR TAMARA-K. LUSAK 120 SW 19TH ST CAPE CORAL FL 33991		
TITLE ☐ Delete MGR SVIDRON, JOHN JR. 1400 NW 3RD TER CAPE CORAL, FL 33993			TITLE ☐ Change ☐ Addition MGR TAMARA-K. LUSAK 120 SW 19TH ST CAPE CORAL FL 33991		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOHN SVIDRON JR 4-23-04 239 458 8221 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					