

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90146 017 ****50.00

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1. Entity Name

HAYES CONCRETE TOPPINGS, LLC



Principal Place of Business

3306 SW 3RD ST
CAPE CORAL FL 33991

Mailing Address

3306 SW 3RD ST
CAPE CORAL FL 33991

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

65-0582676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 SVIDRON, JOHN JR.

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

3306 SW 3RD ST

City

CAPE CORAL, FL - FL

Zip Code

33991

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 firm, 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

TITLE MGR
NAME SVIDRON, JOHN JR.
STREET ADDRESS 1400 NW 3RD TERRACE
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE MGRM
NAME SVIDRON, JOHN III
STREET ADDRESS 1400 NW 3RD TERR
CITY-ST-ZIP CAPE CORAL FL 33993 ☐ Delete

TITLE MGRM
NAME KLEAR, JAMES R
STREET ADDRESS 120 SW 19TH STREET
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 3306 SW 3RD ST
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME SVIDRON, JOHN III
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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 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 #