2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

JKE:
SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # L03000046969 1. Entity Name 04-23-2007 90358 010 ****50.00 HAYES CONCRETE TOPPINGS, LLC Principal Place of Business Mailing Address 3306 SW 3RD ST CAPE CORAL FL 33991 3306 SW 3RD ST CAPE CORAL FL 33991 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 65-0582676 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired LUG Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SVIDRON, JOHN JR. Stroot Address (P.O. Box Number is Not Acceptable) 3306 SW 3RD ST TEMA CO CAPE CORAL FL 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 registeroa agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10, ADDITIONS/CHANGES DHE MGR ☐ Delete TITLE **Change** ☐ Addition NAME SVIDRON, JOHN JR. 1312 NW 3RD TERRACE STREET ADDRESS 3306 SW 34RD ST STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-7IP CAPE CORAL FL 33993 TITLE MGRM ☐ Defete ☐ Change ☐ Addition NAME SVIDRON, JOHN III NAME STREET ADDRESS 1400 NW 3RD TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL 33993 TITLE MGRM ☐ Delete THE Change ☐ Addition NAME NAME KLEAR, JAMES R STREET ADDRESS STREET ADDRESS 120 SW 19TH STREET CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33991 TITLE ☐ Delete HILE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OTLE ☐ Delete ☐ Change ☐ Addition NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP DILLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal 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 Statutos.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED