2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

S04257901171
9/9/2004-90073-030-$50.00-$50.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000047048

1. Entity Name
CUSTOM CONCRETE COATINGS, L.L.C.

Principal Place of Business	Mailing Address
555 SEAPINE CIRCLE PENSACOLA, FL 32506	555 SEAPINE CIRCLE PENSACOLA, FL 32506

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

09022004 Chg-LLC CR2E083 (10/03)

4. FEI Number 350647203 — Applied For / Not Applicable

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
TOBLER, JOSEPH A 555 SEAPINE CIRCLE PENSACOLA, FL 32506	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOBLER, JOSEPH A 555 SEAPINE CIRCLE PENSACOLA, FL 32506	☐ 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 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: Joseph A Tobler   Joseph A Tobler   9-6-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #