

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049187

1. Entity Name  
EASY PUMP CONCRETE SERVICES LLC



Principal Place of Business  
9 BRIDLEGATE DRIVE  
CRAWFORDVILL, FL 32327

Mailing Address  
9 BRIDLEGATE DRIVE  
CRAWFORDVILL, FL 32327

*PK*

**FILED**  
05 SEP -7 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE



06302005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1669607

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRATHWAITE, ISHMAEL  
9 BRIDLEGATE DRIVE  
CRAWFORDVILL, FL 32327

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BRATHWAITE, ISHMAEL  
9 BRIDLEGATE DRIVE  
CRAWFORDVILL, FL 32327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100059460651  
09/08/05--01055--012 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date *9/7/5*

Daytime Phone # \_\_\_\_\_