

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90228 002 ****55.00

DOCUMENT # L03000049861

1. Entity Name

CAPPS CONCRETE, LLC



Principal Place of Business

17255 NW 71ST AVE
TRENTON FL 32693
US

Mailing Address

17255 NW 71ST AVE
TRENTON FL 32693
US

24019599



MOORE

CR2E083 (11/03)

2. Principal Place of Business

17255 NW 71 Ave.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Trenton, FL.

City & State

Trenton, FL.

4. FEI Number

20-0601465

Applied For

Not Applicable

Zip

32693

Country

Christ

Zip

32693

Country

Christ

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPPS, HUBERT J JR
17255 NW 71ST AVE
TRENTON FL 32696

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

Hubert J. Capps Jr.

Signature, typed or printed name of registered agent and authorized representative.

(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

TITLE MGRM ☐ Delete
NAME CAPPS, HUBERT J
STREET ADDRESS 17255 NW 71ST AVE
CITY-ST-ZIP TRENTON FL 32693

TITLE MGRM ☐ Delete
NAME CAPPS, GARY L
STREET ADDRESS 17255 NW 71ST AVE
CITY-ST-ZIP TRENTON FL 32693

TITLE MGRM ☐ Delete
NAME CAPPS, DAVID
STREET ADDRESS 17255 NW 71ST AVE
CITY-ST-ZIP TRENTON FL 32693

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary/Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #