

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90166 002 \*\*\*\*50.00

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

2. Principal Place of Business

17255 NW 71st ave

Suite, Apt. #, etc.

3. Mailing Address

17255 NW 71st ave

Suite, Apt. #, etc.

City & State

Trenton FL

Zip 32693

Country

Levy

City & State

Trenton FL

Zip 32693

Country

Levy

4. FEI Number

20-0601465

Applied For

Not Applicable

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

Hubert Capps

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

17255 NW 71st ave

City

Trenton

FL

Zip Code

32693

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 title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

Jan 23, 2006

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

TITLE VP ☐ Delete  
NAME CAPPS, GARY  
STREET ADDRESS 6590 NW 170 W STR  
CITY-ST-ZIP TRENTON FL 32693

TITLE ST ☐ Delete  
NAME CAPPS, DAVID  
STREET ADDRESS 113 90 AVE NW  
CITY-ST-ZIP CHIEFLAND FL 32626

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 ☐ 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

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 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: *Hubert J Capps Jr* (Hubert J Capps Jr) Jan 23, 2006 352-7452729