

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000049861

Entity Name: CAPPS CONCRETE, LLC

FILED
Oct 08, 2009
Secretary of State

Current Principal Place of Business:

17255 NW 71ST AVE
TRENTON, FL 32693 US

New Principal Place of Business:

Current Mailing Address:

17255 NW 71ST AVE
TRENTON, FL 32693 US

New Mailing Address:

FEI Number: 20-0601465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: HUBERT J CAPPS JR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: CAPPS, HUBERT J
Address: 17255 NW 71ST AVE
City-St-Zip: TRENTON, FL 32693 US

Title: VP () Delete
Name: CAPPS, GARY
Address: 6590 NW 170 W STR
City-St-Zip: TRENTON, FL 32693 US

Title: ST () Delete
Name: CAPPS, DAVID
Address: 113 90 AVE NW
City-St-Zip: CHIEFLAND, FL 32626 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MR

10/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date