

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000056551**

1. Entity Name  
**DOUG MCCOY CONCRETE SERVICES, LLC**



Principal Place of Business <b>184 MARINER LANE          ROTONDA WEST, FL 33947</b>	Mailing Address <b>184 MARINER LANE          ROTONDA WEST, FL 33947</b>
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**DO NOT WRITE IN THIS SPACE**



06302005No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>20-0522921</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCOY, DOUG  
 184 MARINER LANE  
 ROTONDA, FL 33947**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling)      DATE \_\_\_\_\_

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

07/07/05-80010-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMR MCCOY, DOUG 184 MARINER LANE ROTONDA WEST, FL 33947
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**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:**       **7-01-05**      **941-698-2924**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #