FILED
Sep 17, 2004 8:00 am
Secretary of State

07-16-2004 90141 015 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000057060

1. Entity Name
CHARLES BROWN CONCRETE LC

-34010442

MOORE CR2E083 (4/04)

Principal Place of Business	Mailing Address
1917 BAXTER AVE. ORLANDO FL 32806 US	1917 BAXTER AVE. ORLANDO FL 32806 US

2. Principal Place of Business	3. Mailing Address
1917 Baxter Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fla	City & State
Zip: 32806 / Country	Zip / Country

4. FEI Number: EIN 75-3140010 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BROWN, JUDITH A~~ 1917 BAXTER AVE. ORLANDO FL 32806	Name: Charles A Brown Street Address (P.O. Box Number is Not Acceptable): 1917 Baxter Ave ~~Orlan~~ City: Orlando FL Zip Code: 32806

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: Charles A Brown 7/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M Charles A Brown 1917 Baxter AVE Orlando, Fla 32806 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Charles A Brown 7/14/04 (407) 484-4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #