

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000057060

1. Entity Name
CHARLES BROWN CONCRETE LC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 16 AM 9:41

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

Mailing Address
4036 MONTCORE CT.
ORLANDO, FL 32802

2. Principal Place of Business
4036 Montcore Ct

3. Mailing Address
4036 Montcore Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando Fla

City & State
Orlando Fla

Zip
32812

Country
US

Zip
32812

Country
U.S.

10182006 REIN-LLC CR2E101 (11/05)

4. FEI Number
75-3140010

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, CHARLES A
1917 BAXTER AVE.
ORLANDO, FL 32806

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 Charles A Brown
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/26/06
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BROWN, CHARLES A
1917 BAXTER AVE
ORLANDO, FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
100081861491
11/16/06--01041--006 **155.00

TITLE
NAME
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CITY - ST - ZIP
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REINSTATEMENT 2006

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TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Charles A Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/11/06 407 484-4421
Date Daytime Phone #