

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-03-2004 90136 004 ****50.00

DOCUMENT # L03000057097

1. Entity Name
SHAWN'S CONCRETE, L.L.C.



Principal Place of Business
**1040 SEMINOLE BEAR TRAIL
PIERSON, FL 32180**

Mailing Address
**1040 SEMINOLE BEAR TRAIL
PIERSON, FL 32180**

34007035



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number

589 120287

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

**RICHARDSON, JUDITH ANN
1000 SEMINOLE BEAR TRAIL
PIERSON, FL 32180**

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER / MANAGER
CARY SHAWN SMITH
1040 Seminole Bear Trail
Pearson FLA 32180**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: Cary Shawn Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/2004 3865271077

Date Daytime Phone #