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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
60048323

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000057097

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

Principal Place of Business	Mailing Address
135 HILSENBECK RD PIERSON, FL 32180	135 HILSENBECK RD PIERSON, FL 32180

03272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-9120287 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name CARY SHAWN SMITH
Street Address (P.O. Box Number is Not Acceptable) 135 HILSENBECK RD
City PIERSON FL Zip Code 32180

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 x CARY S. SMITH 4-15-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAWN SMITH, CARY 135 HILSENBECK RD PIERSON, FL 32180	☐ 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 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: x CARY S. SMITH OWNER 4-15-07 386-749-0081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #