2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90123 020 ****55.00

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DOCUMENT # L03000057512

1. Entity Name
STAR CONCRETE CONSTRUCTION LLC

Principal Place of Business	Mailing Address
9116 MANETTA RD BROOKSVILLE, FL 34613 US	9116 MANETTA RD BROOKSVILLE, FL 34613 US

04172004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
11143 CampfieldRd	11143 Campfield Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville FL	City & State: Brooksville FL
Zip: 34614 Country: Hernando	Zip: 34614 Country: Hernando

4. FEI Number 20-0548834 ☐ 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
SEEMAN, RICHARD 9116 MANETTA RD BROOKSVILLE, FL 34613	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 reinstating) 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	MGRM SEEMAN, RICHARD 9116 MANETTA RD BROOKSVILLE, FL 34613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Richard Seeman 11143 Campfield Rd. Brooksville FL 34614	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEEMAN, TRACY 9116 MANETTA RD BROOKSVILLE, FL 34613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tracy Seeman 11143 Campfield Rd. Brooksville FL 34614	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

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: [signature] 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #