

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 06, 2006 8:00 am**  
**Secretary of State**

06-06-2006 90059 010 \*\*\*\*50.00

**DOCUMENT # L03000057512**

1. Entity Name  
**STAR CONCRETE CONSTRUCTION LLC**



Principal Place of Business  
**11143 CAMPFIELD RD  
BROOKSVILLE, FL 34614 US**

Mailing Address  
**11143 CAMPFIELD RD  
BROOKSVILLE, FL 34614 US**

**60047073**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
**20-0548834**

Applied For  
Not Applicable

Zip Country

Zip Country

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 **RICHARD SEEMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**11143 CAMPFIELD RD**  
City **BROOKSVILLE** FL Zip Code **34614**

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, 2006**

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete  
NAME **SEEMAN, RICHARD**  
STREET ADDRESS **11143 CAMPFIELD RD**  
CITY-ST-ZIP **BROOKSVILLE, FL 34614**

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

TITLE **MGRM** ☐ Delete  
NAME **SEEMAN, TRACY**  
STREET ADDRESS **11143 CAMPFIELD RD**  
CITY-ST-ZIP **BROOKSVILLE, FL 34614**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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: **Richard Seeman**

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

Date

Daytime Phone #

**5/30/06 352-279-7292**