


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000007583</b> 1. Entity Name <b>PATRICK &amp; SON CONCRETE, L.L.C.</b>	
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Principal Place of Business  
**27011 65TH AVENUE EAST  
MYAKKA CITY, FL 34251**

Mailing Address  
**27011 65TH AVENUE EAST  
MYAKKA CITY, FL 34251**



01122006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3777828**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PATRICK, CHRISTINA  
27011 65TH AVENUE EAST  
MYAKKA CITY, FL 34251**

**DO NOT WRITE  
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICK, ROBERT L 1291 WHITFIELD AVENUE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICK, ROBERT B 27011 65TH AVENUE EAST MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICK, SANDRA 1291 WHITFIELD AVENUE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICK, CHRISTINA 27011 65TH AVENUE EAST MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1101100142514  
01/24/06-B0083-008 \$0.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Robert B Patrick*

Robert B. Patrick, mgrm 1-13-06 941-322-8538

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

Date

Daytime Phone #