

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000007583

1. Entity Name
PATRICK & SON CONCRETE, L.L.C.



Principal Place of Business
**27011 65TH AVENUE EAST
MYAKKA CITY, FL 34251**

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



02062008 No Chg-LLC

CR2E083 (12/07)

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 _____

**FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

000000824172
02/20/08-80067-011 138.75

**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: *Christina A Patrick*, Christina A Patrick

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

2-7-08

Date

941-737-2545

Daytime Phone #