

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000015809

1. Entity Name

JORDAN BROS. CONCRETE, L.L.C.



FILED
Apr 09, 2007 08:00 AM
Secretary of State

Principal Place of Business
2578 SE SOUTH BLACKWELL DRIVE
PORT ST. LUCIE FL 34952

Mailing Address
2578 SE SOUTH BLACKWELL DRIVE
PORT ST. LUCIE FL 34952



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

59-2802330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN, PETER J
2578 SE SOUTH BLACKWELL DRIVE
PORT ST. LUCIE FL 34952

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 registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM ☐ Delete
JORDAN, PETER J
2578 SE SOUTH BLACKWELL DRIVE
PORT ST. LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
000000697326
04/18/07-80036-006 50.00

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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

4/4/07

7123358241

Date

Daytime Phone #