2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2007
Secretary of State

DOCUMENT# L04000017189

Entity Name: CLS CONCRETE & REMODELING LLC

Current Principal Place of Business:

8879 LEE REEVES RD
TALLAHASSEE, FL 32309

New Principal Place of Business:

7015 OLD ST AUGUSTINE RD
TALLAHASSEE, FL 32311

Current Mailing Address:

8879 LEE REEVES RD
TALLAHASSEE, FL 32309

New Mailing Address:

7015 OLD ST AUGUSTINE RD
TALLAHASSEE, FL 32311

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, CARRIE C
8879 LEE REEVES RD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

SMITH, CARRIE C
7015 OLD ST AUGUSTINE RD
TALLAHASSEE, FL 32311 US

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.

SIGNATURE: CARRIE SMITH 08/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SMITH, CODY L
Address: 8879 LEE REEVES RD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, CODY L
Address: 7015 OLD ST AUGUSTINE RD
City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CODY SMITH MM 08/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date