

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2006 8:00 am**  
**Secretary of State**

08-01-2006 90063 016 \*\*\*\*50.00

**DOCUMENT # L04000020544**

1. Entity Name

QUINN'S CONCRETE PUMPING, LLC



Principal Place of Business

11141 OCEANSPRAY BLVD.  
ENGLEWOOD, FL 34224

Mailing Address

11141 OCEANSPRAY BLVD.  
ENGLEWOOD, FL 34224



07132006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUINN, VINCENT G  
11141 OCEANSPRAY BLVD.  
ENGLEWOOD, FL 34224

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

|                |                        |
|----------------|------------------------|
| TITLE          | MGRM                   |
| NAME           | QUINN, VINCENT G       |
| STREET ADDRESS | 11141 OCEANSPRAY BLVD. |
| CITY- ST- ZIP  | ENGLEWOOD, FL 34224    |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY- ST- ZIP  |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY- ST- ZIP  |                        |
| TITLE          |                        |
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| STREET ADDRESS |                        |
| CITY- ST- ZIP  |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY- ST- ZIP  |                        |

**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:** *Vincent G Quinn*

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

**7-27-06 (941) 474-5320**

Date

Daytime Phone #