

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000028158

1. Entity Name
DAVIS CONCRETE LLC



FILED

06 DEC 22 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2449 EDDIE RD
TALLAHASSEE, FL 32308

Mailing Address
2449 EDDIE RD
TALLAHASSEE, FL 32308

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



12222006 REIN-LLC CR2E101 (11/05)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ANTONIO
2449 EDDIE RD
TALLAHASSEE, FL 32308

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME DAVIS, ANTONIO
STREET ADDRESS 2449 EDDIE RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition
NAME **600082830576**
STREET ADDRESS **12/28/06--01045--002 **50.00**
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME DAVIS, ROBERT
STREET ADDRESS 2449 EDDIE RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition
NAME **MGRM**
STREET ADDRESS **Davis Mahalia**
CITY-ST-ZIP **2449 Eddie Rd Tallahassee FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12-22-06

Date

228-9094

Daytime Phone #