

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033027

FILED
May 06, 2009
Secretary of State

Entity Name: WILLIAM BROWN CONCRETE CONSTRUCTION LLC

Current Principal Place of Business:

772 NE CEMETARY RD.
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2174
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-2147164 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

BROWN, KAREN
772 NE CEMETARY RD
LAKE CITY, FL 32056 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROWN, WILLIAM L
Address: P.O. BOX 2174
City-St-Zip: LAKE CITY, FL 32056

Title: MGRM () Delete
Name: BROWN, JUSTIN T
Address: P.O. BOX 2174
City-St-Zip: LAKE CITY, FL 32056

Title: MGR () Delete
Name: BROWN, KAREN T
Address: P.O. BOX 2174
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAREN T. BRPWN

MGR

05/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date