


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000046270</b> 1. Entity Name <b>SIMCOX CONCRETE, LLC</b>	
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Principal Place of Business <b>475 STAN DRIVE W. MELBOURNE, FL 32904</b>	Mailing Address <b>475 STAN DRIVE W. MELBOURNE, FL 32904</b>
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**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number <b>20-1210572</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SIMCOX, GWEN  
475 STAN DRIVE  
W. MELBOURNE, FL 32904**

**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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-26-06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**U000000548584  
05/12/06-80071-006 55.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SIMCOX, GWEN 475 STAN DRIVE W. MELBOURNE, FL 32904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SIMCOX, FRED 475 STAN DRIVE W. MELBOURNE, FL 32904</b>
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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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-26-06**