2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000046270

1. Entity Name
SIMCOX CONCRETE, LLC

Principal Place of Business	Mailing Address
475 STAN DRIVE W. MELBOURNE, FL 32904	475 STAN DRIVE W. MELBOURNE, FL 32904

DO NOT WRITE IN THIS SPACE

04192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1210572
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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)

Filing Fee is $60.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIMCOX, GWEN
STREET ADDRESS	475 STAN DRIVE
CITY-ST-ZIP	W. MELBOURNE, FL 32904
TITLE	MGRM
NAME	SIMCOX, FRED
STREET ADDRESS	475 STAN DRIVE
CITY-ST-ZIP	W. MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/07-80089-018 55.00

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 605, Florida Statutes.

SIGNATURE: _____ 4-19-07 321-953-4937
SIGNATURE AND TYPED OR PRINTED NAME OF MGRMG MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #