

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90081 006 ****50.00

DOCUMENT # L04000057773

1. Entity Name
C & C ASPHALT, LLC



Principal Place of Business
6030 WAYNES LANE
TALLAHASSEE, FL 32310

Mailing Address
P.O. BOX 6545
TALLAHASSEE, FL 32314-6545



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
32-0122902

Applied For
Not Applicable

Zip

Country

Zip

Country

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

COX, JOHN L
6030 WAYNES LANE
TALLAHASSEE, FL 32310

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 Thomas W. Cordell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4-28-06
DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME COX, JOHN L
STREET ADDRESS 6030 WAYNES LANE
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE MGRM ☒ Change ☐ Addition
NAME COX, JOHN L
STREET ADDRESS 119 Palamino
CITY-ST-ZIP Crawfordville, FL 32327

TITLE MGRM ☐ Delete
NAME CORDELL, THOMAS W
STREET ADDRESS 6034 WAYNE'S LANE
CITY-ST-ZIP TALLAHASSEE, FL 32310

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Thomas W. Cordell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-06 850-6562289
Date Daytime Phone #