

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000058007

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** CONCRETE SOLUTIONS OF THE FLORIDA KEYS, LLC

**Current Principal Place of Business:**

5615 2ND AVENUE  
UNIT A  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5570  
KEY WEST, FL 33045 US

**New Mailing Address:**

**FEI Number:** 75-3163248      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALENZUELA, SALLY JO J  
812 SOUTH STREET  
#2  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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  
**Name:** VALENZUELA, STACE V  
**Address:** P.O. BOX 5570  
**City-St-Zip:** KEY WEST, FL 33045 US

**Title:** MGRM  
**Name:** VALENZUELA, SALLY J  
**Address:** P.O. BOX 5570  
**City-St-Zip:** KEY WEST, FL 33045 US

I hereby 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:** SALLY JO VALENZUELA

MGRM

01/05/2011

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