

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066275

**FILED**  
**Feb 16, 2005**  
**Secretary of State**

**Entity Name:** CONCRETE REPAIR SOLUTIONS LLC

**Current Principal Place of Business:**

799 CRANDON BLVD. #308  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

9815-25 NW 117 WAY  
MEDLEY, FL 33152

**Current Mailing Address:**

799 CRANDON BLVD. #308  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

PO BOX 526406  
MIAMI, FL 33152

**FEI Number:** 76-0766001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAZEKAS, SUZANNA  
799 CRANDON BLVD. #308  
KEY BISCAYNE, FL 33149 US

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

FAZEKAS, SUZANNA  
PO BOX 526406  
MIAMI, FL 33152 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:**

02/16/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** FAZEKAS, SUZANNA  
**Address:** 799 CRANDON BLVD. #308  
**City-St-Zip:** KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** BERNARDINI, PATRICIA  
**Address:** 12599 NW 107 AVE  
**City-St-Zip:** MEDLEY, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** PATRICIA C BERNARDINI

MGRM

02/16/2005

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