

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066275

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: CONCRETE REPAIR SOLUTIONS LLC

**Current Principal Place of Business:**

9815-25 NW 117 WAY  
MEDLEY, FL 33178

**New Principal Place of Business:**

12599 NW 107 AVE.  
2ND FLOOR  
MEDLEY, FL 33178

**Current Mailing Address:**

12599 NW 107 AVE  
2ND FLOOR  
MEDLEY, FL 33178

**New Mailing Address:**

FEI Number: 76-0766001      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BERNARDINI, PATRICIA C  
12599 NW 107 AVE  
2ND FLOOR  
MEDLEY, FL 33178 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: MGRM ( ) Delete  
Name: BERNARDINI, PATRICIA  
Address: 12599 NW 107 AVE  
City-St-Zip: MEDLEY, FL 33178

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

01/16/2009

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