

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000066275

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** CONCRETE REPAIR SOLUTIONS LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

12599 NW 107 AVE  
2ND FLOOR  
MEDLEY, FL 33178

**New Mailing Address:**

1421 CAMELLIA CR  
WESTON, FL 33326

**FEI Number:** 76-0766001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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:** PATRICIA C BERNARDINI

MGRM

04/29/2011

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