

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000071846

1. Entity Name
RAWLINGS MASONRY & CONCRETE SERVICE, LLC



Principal Place of Business

68 N.E. 615TH STREET
OLD TOWN, FL 32680 US

Mailing Address

P.O. BOX 1776
OLD TOWN, FL 32680 US

DO NOT WRITE IN THIS SPACE

04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

59-3623859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAWLINGS, VAL
68 N.E. 615TH STREET
OLD TOWN, FL 32680

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RAWLINGS, VAL H
68 N.E. 615TH STREET
OLD TOWN, FL 32680

TITLE
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04/28/08-80002-018 138.75

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: *Val Rawlings*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/08

Date

3525425502

Daytime Phone #