

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90026 012 ****50.00

DOCUMENT # L04000080230

1. Entity Name

INSULATED CONCRETE CONSTRUCTION, LLC



Principal Place of Business

11717 SW 91ST TERRACE
MIAMI FL 33186
US

Mailing Address

11717 SW 91ST TERRACE
MIAMI FL 33186
US

2. Principal Place of Business

335 S.W. 27th Rd
Suite, Apt. #, etc.

3. Mailing Address

335 S.W. 27th Rd
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

DADE

Zip

33129

Country

DADE

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATOR
2730 WHITE SANDS DRIVE
SUITE 3-A
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

DUSTIN ANDERSON

Street Address (P.O. Box Number is Not Acceptable)

335 SW 27th Rd

City

Miami

FL

Zip Code

33129

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

Dustin Anderson

4/12/05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ANDERSON, DUSTIN D
STREET ADDRESS 11717 SW 91ST TERRACE
CITY-ST-ZIP MIAMI FL 33186

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGRM
NAME ANDERSON, Dustin
STREET ADDRESS 335 S.W. 27th Rd
CITY-ST-ZIP MIAMI, FL 33129

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

Date

Daytime Phone #