

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90082 048 ***138.75

DOCUMENT # L05000001772

1. Entity Name
ACTION'S INSTANT CONCRETE, LLC



Principal Place of Business
**4460 S.E. 53RD AVENUE
OCALA, FL 34480**

Mailing Address
**4460 S.E. 53RD AVENUE
OCALA, FL 34480**

50008653



2. Principal Place of Business - No P.O. Box #
6257 SW 38th St.

3. Mailing Address
PO Box 773600

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008 Chg-LLC CR2E083 (12/06)

City & State
Ocala, FL.

City & State
Ocala, FL.

4. FEI Number
41-2162830

Applied For
Not Applicable

Zip
34470

Country
USA

Zip
34477

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

**FUTCH, R. WILLIAM
610 S.E. 17TH STREET
OCALA, FL 34471**

Name

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

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BARLOW, RUSSELL
4460 S.E. 53RD AVENUE
OCALA, FL 34480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BARLOW, RUSSELL
508 SW 9th St.
OCALA, FL 34470** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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 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:

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

3-1-08

Date

(352) 1094-4350

Daytime Phone #