2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000011865

1. Entity Name

QUIK ROCK AND METAL OF BREVARD, LLC



Principal Place of Business

921 LYDIA CIRCLE INDIAN HARBOUR BEACH, FL 32937 Mailing Address

921 LYDIA CIRCLE

INDIAN HARBOUR BEACH, FL 32937

FILED Feb 19, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

02052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2305898

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed in time of registered agent and title it applicable

BURKLEW, CHARLES 921 LYDIA CIRCLE INDIAN HARBOUR BEACH, FL 32937

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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, the obligations of registered agent.	I am familiar with, and accept
SI	IGNATI IRE	

(NOTE Registered Agent signature required when reinstating)

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

800000831488 2727708_00031_001

DATE

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE **BURKLEW, CHARLES** NAME STREET ADDRESS 921 LYDIA CIRCLE CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 INLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY +ST-ZIP MUE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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: CharRen Owrer

2-15-08 321 777 2152

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

Date

Daytime Phone *