



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 16 AM 9:47

<b>DOCUMENT # L05000030257</b> 1. Entity Name <b>GARY MOORE CONCRETE LLC</b>					
Principal Place of Business 1189 N.W. SOPHIA DR. LAKE CITY, FL 32055				Mailing Address 1189 N.W. SOPHIA DR. LAKE CITY, FL 32055	
2. Principal Place of Business <b>1189 NW Sophia Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>1189 NW Sophia Dr</b> Suite, Apt. #, etc.			
City & State <b>White Springs FL</b>		City & State <b>White Springs</b>		4. FEI Number <b>20-2621110</b>	
Zip <b>32096</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MOORE, GARY W JR.</b> <b>1189 N.W. SOPHIA DR.</b> <b>LAKE CITY, FL 32055</b> <b>White Springs FL 32096</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>X Gary W. Moore Jr.</b> DATE <b>9-25-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOORE, GARY W JR. 1189 N.W. SOPHIA DR. <del>LAKE CITY, FL 32055</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>GARY W. Moore Jr</b> <b>1189 NW SOPHIA DR.</b> <b>White Springs FL 32096</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>000081861570</b> <b>11/16/06--01041--009 **50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>X Gary W. Moore Jr.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>9-25-06</b>		Daytime Phone # <b>1-352-494-6668</b>