

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

064 1212

FILED

**Mar 13, 2008 08:00 AM
Secretary of State**

DOCUMENT # L05000030257

1. Entity Name
GARY MOORE CONCRETE LLC



Principal Place of Business
**1189 N.W. SOPHIA DR.
WHITE SPRINGS, FL 32096**

Mailing Address
**1189 N.W. SOPHIA DR.
WHITE SPRINGS, FL 32096**



02122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2621110

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, GARY W JR.
1189 N.W. SOPHIA DR.
WHITE SPRINGS, FL 32096**

**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 | MGR |
| NAME | MOORE, GARY W JR. |
| STREET ADDRESS | 1189 N.W. SOPHIA DR. |
| CITY-ST-ZIP | WHITE SPRINGS, FL 32096 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000857798
04/01/08-80015-022 143.75

**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:

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

Date

Daytime Phone #

Gary W. Moore JR.

3/5/08 352-494-6668