L0500033296

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2007 MAY 18 AMII: 55
SECRETARY OF STATE
TALL A HASSEF FLORIDA

COVER LETTER,

TO: Registration Section Division of Corporations	
SUBJECT: E.B. CONCRETE LLC (Name of Limited	I Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office of	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
DEVIN NEWMAN	
(Name of Person)	
ALL FLORIDA FIRM, INC. (Firm/Company)	· · · · · · · · · · · · · · · · · · ·
465 S. VOLUSIA AVE. SUITE C	
(Address)	
ORANGE CITY, FL 32763	
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
ENRIQUE BETANCOURT at (786) 586-1067
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Englosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	d liability company is:	E.B. CONCRETE LLC		
2. The mailing address of	the limited liability cor	npany is ; <u>230 NW 61 A</u>	AVENUE	
MIAMI FL 33126				
04/05/2005	·	L05000033	3296	
3. Date of filing/registration	on in Florida	4. Documer		
5. The name of the register Florida Department of S	red agent and the regist	ered office address as sh	nown on the records of the	
•	ENRIQUE BETA	NCOURT		
	230 NW 61 AVENU	Name		
Address				
MIAMI FL 33126				
	City, S	State and Zip	200 774.E	
6. The name and address of	of the new registered ag	ent and/or office:	2007 HAY 18 SECRETARY ALLAHASSI	Ì
	ALL FLORIDA FIR	M, INC.	ASS A	,
	1 465 S. VOLUSIA A	ame	121 tampo	
<u>-</u>	_ 	(P.O. Box NOT accepta		ļ
	r forfatt street tiddress	(1.0. box NOT accepta	oricie) ORICI	
	ORANGE CITY	FL 32763	S	
	City, St	ate and Zip		
and the business office of the liability company, it is here	ange or changes are mather registered agent will eby confirmed that the ited liability company of	ide, the Florida street add I be identical. Or, in the change(s) was/were auth or as otherwise provided	dress of the registered office	e
(Signature of a member or authorized	zed representative of a member)		
(Printed or typed name of signee)	wman			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered ag s of all statutes relative l accept the obligations his document is being fi that the limited liability	ent and agree to act in the to the proper and comple of my position as registed to merely reflect a checompany has been noting	his capacity. I further agree lete performance of my duties tered agent as provided for in hange in the registered office fied in writing of this change.	to s, 1

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00