

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000033326

**FILED**  
**Jul 02, 2007**  
**Secretary of State**

**Entity Name:** DAROLD CONCRETE PUMPING LLC

**Current Principal Place of Business:**

2114 EMBRY AVE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

2114 EMBRY AVENUE  
HAINES CITY, FL 33844

**Current Mailing Address:**

2114 EMBRY AVE  
HAINES CITY, FL 33844

**New Mailing Address:**

P.O. BOX 3433  
HAINES CITY, FL 33845

FEI Number: 26-6658219      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CARTER, DAROLD  
2114 EMBRY AVE  
HAINES CITY, FL 33844      US

**Name and Address of New Registered Agent:**

CARTER, DAROLD  
2114 EMBRY AVENUE  
HAINES CITY, FL 33844      US

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.

SIGNATURE: \_\_\_\_\_

07/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CARTER, DAROLD  
Address: 2114 EMBRY AVE  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: CARTER, DAROLD  
Address: P.O. BOX 3433  
City-St-Zip: HAINES CITY, FL 33845

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAROLD CARTER

MGRM

07/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date