

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90074 019 ****50.00

DOCUMENT # L05000033745

1. Entity Name

SF AGGREGATES SUPPLY, LLC



Principal Place of Business

303 WEST MADISON STREET
SUITE 400
CHICAGO IL 60606
US

Mailing Address

303 WEST MADISON STREET
SUITE 400
CHICAGO IL 60606
US



2. Principal Place of Business

315 PARK AVE
SUITE, Apt. #, etc.
~~GLENCOE, IL~~ ZE

3. Mailing Address

315 PARK AVE
SUITE, Apt. #, etc.
ZE

2nd MOORE

CR2E083 (4/06)

City & State

GLENCOE, IL
Zip 60022 Country

City & State

Glencoe, IL
Zip 60022 Country

4. FEI Number

20-2635707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFSTRA, PETER T
8640 SEMINOLE BOULEVARD
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME MURPHY, THOMAS J ☐ Delete
STREET ADDRESS 303 WEST MADISON STREET, #400
CITY - ST - ZIP CHICAGO IL 60606

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE MGPM ☒ Change ☐ Addition
NAME Mr. THOMAS J. Murphy
STREET ADDRESS 315 PARK AVE #2E
CITY - ST - ZIP GLENCOE, IL 60022

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #