

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000036880

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** JOSB CONCRETE PERFECTION LLC

**Current Principal Place of Business:**

383 SW NORTH SHORE BLVD  
LAKE FOREST  
SAINT LUCIE WEST, FL 34986

**New Principal Place of Business:**

383 SW NORTH SHORE BLVD  
SAINT LUCIE WEST, FL 34986

**Current Mailing Address:**

383 SW NORTH SHORE BLVD  
LAKE FOREST  
SAINT LUCIE WEST, FL 34986

**New Mailing Address:**

383 SW NORTH SHORE BLVD  
SAINT LUCIE WEST, FL 34986

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

VIDES, JOSE A  
383 SW NORTH SHORE BLVD  
LAKE FOREST  
SAINT LUCIE WEST, FL 34986 US

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

VIDES, JOSE A  
383 SW NORTH SHORE BLVD  
SAINT LUCIE WEST, FL 34986 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/18/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VIDES, JOSE A  
Address: 383 SW NORTH SHORE BLVD  
City-St-Zip: SAINT LUCIE WEST, FL 34986

I hereby 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: JOSE A VIDES

MGR

02/18/2010

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