


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90011 002 \*\*\*\*50.00

<b>DOCUMENT # L05000043694</b>	
1. Entity Name RICK LYONS CONCRETE SERVICE, LLC.	

Principal Place of Business 1615 14TH STREET PALM HARBOR, FL 34683	Mailing Address 1615 14TH STREET PALM HARBOR, FL 34683
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2. Principal Place of Business 1790 Lillian Ave Suite, Apt. #, etc.	3. Mailing Address 1790 Lillian Ave Suite, Apt. #, etc.
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City & State TARPON SPRINGS, FL. Zip 34689 Country Pinellas	City & State TARPON SPRINGS, FL. Zip 34689 Country Pinellas
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01182006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2789457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LYONS, RICK 1615 14TH STREET PALM HARBOR, FL 34683	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LYONS, RICK 16115 14TH STREET CLEARWATER, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1790 Lillian Ave TARPON SPRINGS, FL. 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Rick Lyons 0320-016 member 787-402-6584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #