


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L05000048332 |  |
| 1. Entity Name ROBERTO ANGELES CONCRETE, LLC | |

FILED

07 JAN 26 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|---|
| Principal Place of Business P.O. BOX 523 GREENSBORO, FL 32330 | Mailing Address P.O. BOX 523 GREENSBORO, FL 32330 |
|---|---|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

01262007 Chg-LLC CR2E083 (12/06)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent ANGELES, ROBERTO 2241 GREENSBORO HWY GREENSBORO, FL 32351 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2241 Greensboro Hwy Quincy</i> City FL Zip Code |
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANGELES, ROBERTO P.O. BOX 523 GREENSBORO, FL 32330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #