

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000057565

1. Entity Name  
SPARKS CONCRETE, LLC.



Principal Place of Business  
4 HOLLY FERN CHASE  
ORMOND BEACH, FL 32174

Mailing Address  
4 HOLLY FERN CHASE  
ORMOND BEACH, FL 32174

**FILED**  
**Sep 18, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3354940

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SPARKS, WILLIAM C  
4 HOLLY FERN CHASE  
ORMOND BEACH, FL 32174

**DO NOT WRITE  
IN THIS SPACE**

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 \$538.75**  
**Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME SPARKS, WILLIAM C  
STREET ADDRESS 4 HOLLY FERN CHASE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE  
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CITY-ST-ZIP

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000000959870  
09/18/08-80003-006 538.75

**DO NOT WRITE  
IN THIS SPACE**

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]*

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

9-15-08

Date

386-677-6085

Daytime Phone #