

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

1062

DOCUMENT # L05000083195

1. Entity Name

AFFORDABLE CONCRETE PUMPING LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 2:29

Principal Place of Business

Mailing Address

2008 - 10TH STREET NW
WINTER HAVEN FL 33880

P.O. BOX 2414
WINTER HAVEN FL 33883



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33880

Country
FL

Zip
33883

Country
FL

1st MOORE

CR2E083 (10/06)

NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNTON, ANDREA
2008 - 10TH STREET NW
WINTER HAVEN FL 33880

Name

Street Address (P.O. Box Number is not acceptable)

City

FL

Zip

33880

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

Andrew Thornton

10/05/07

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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
KENDALL, TOM
STREET ADDRESS
P.O. BOX 2414
CITY - ST - ZIP
WINTER HAVEN FL 33883

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REINSTATEMENT
WOP 2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

Oct 5 / 07 863 2934535

10/5/07 202

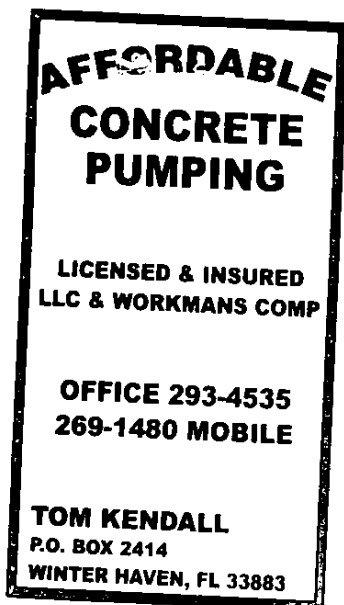
Dear Mrs. Druey,

Thank you for helping
me out of such a "tough"
spot. I'm forever in your debt.

When the next renewal
comes, I'll get it done. Cancer
or not.

ask you,

Andrea Houston



Per our conversation of 10/5/07
at 3:00 P.M.