

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098579

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: EMERALD COAST PRECAST, LLC

**Current Principal Place of Business:**

376 BEN KING ROAD  
FREEPORT, FL 32439 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 639  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number: 20-3601417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAW OFFICES OF LAMAR A. CONERLY, P.A.  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 US

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

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

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TINDLE, TIMOTHY D  
Address: POST OFFICE BOX 639  
City-St-Zip: FREEPORT, FL 32439 US

Title: MGR ( ) Delete  
Name: GEORGE, JERRY  
Address: POST OFFICE BOX 639  
City-St-Zip: FREEPORT, FL 32439 US

Title: MGR ( ) Delete  
Name: BEDWELL, CHRIS  
Address: POST OFFICE BOX 639  
City-St-Zip: FREEPORT, FL 32439 US

Title: MGR ( ) Delete  
Name: BASCETTA, MIKE  
Address: POST OFFICE BOX 639  
City-St-Zip: FREEPORT, FL 32439 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIM TINDLE

MGR

04/24/2009

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