

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90027 004 ***138.75

DOCUMENT # L05000108285

1. Entity Name
EMC BRICK PAVERS, LLC



Principal Place of Business
**11712 SAND CASTLE LANE
PANAMA CITY BEACH, FL 32407**

Mailing Address
**PO BOX 18728
PANAMA CITY, FL 32417**

50009592



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3818545

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

**RYON, STEVE
11712 SAND CASTLE LANE
PANAMA CITY BEACH, FL 32407**

Name
Steve Ryon

Street Address (P.O. Box Number is Not Acceptable)

6719 South Lagoon Drive

City
Panama City Beach

FL

Zip Code
32408

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Aug 14-08
DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
RYON, STEVE
842 PELICAN PLACE
PANAMA CITY BEACH, FL 32407** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
Steve Ryon
6719 South Lagoon Drive
Panama City Beach, FL. 32408** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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: Managing Member/Steve Ryon

Signature

Aug 14-08

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

Date

850-625-4857
Daytime Phone #