


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90182 040 \*\*\*138.75

<b>DOCUMENT # L05000113408</b>	
1. Entity Name <b>QUICK CONCRETE &amp; CONSTRUCTION, LLC</b>	

Principal Place of Business <b>3922 NAPOLI RD PANAMA CITY, FL 32405 US</b>	Mailing Address <b>3922 NAPOLI RD PANAMA CITY, FL 32405 US</b>
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**60022211**

2. Principal Place of Business - No P.O. Box # <b>246 Hidden Pines Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 20595</b> Suite, Apt. #, etc.
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01302008 Chg-LLC CR2E083 (12/06)

City & State <b>Panama City Beach, FL</b>	City & State <b>Panama City Beach, FL</b>
Zip <b>32408</b>	Country <b>USA</b>
Zip <b>32417</b>	Country <b>USA</b>

4. FEI Number <b>20-8807179 42-1741733</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	
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7. Name and Address of New Registered Agent Name <b>Steven L. Burchfield</b> Street Address (P.O. Box Number is Not Acceptable) <b>246 Hidden Pines Drive</b> City <b>Panama City Beach</b> <b>FL</b> Zip Code <b>32408</b>	
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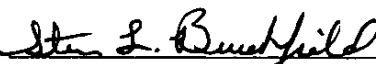
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>Steven L. Burchfield</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HUTTO, GLENN 3922 NAPOLI RD PANAMA CITY, FL 32405</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HUTTO, ANGELA 3922 NAPOLI RD PANAMA CITY, FL 32405</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BURCHFIELD, STEVEN 246 HIDDEN PINES DR PANAMA CITY BCH, FL 32408</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

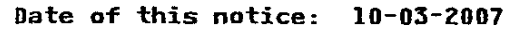
10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Hutto, Glenn P.O. Box 20595 Panama City Beach, FL 32417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Hutto, Angela P.O. Box 20595 Panama City Beach, FL 32417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

<b>SIGNATURE:</b>  <b>Steven L. Burchfield</b>	<b>850/234-5751</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>



001789.377164.0007.001 1 MB 0.360 532



Form: SS-4

Number of this notice: CP 575 B

QUICK CONCRETE & CONSTRUCTION LLC  
GLENN HUTTO MBR  
PO BOX 20595  
PANAMA CITY BEACH FL 32417

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 42-1741733. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2008

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at [www.irs.gov](http://www.irs.gov).

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)