

FILED
Apr 15, 2008 08:00 AM
Secretary of State

1. Entity Name
GENERAL ASPHALT OF LAKE LAND, L.L.C.



Mailing Address
5640 LAKE GROVE DRIVE
LAKELAND, FL 33809

[illegible]

Suite, Apt. #, etc.

01112008 Chg-LLC CR2E083 (12/06)

City & State

Applied For	
-------------	--

54-2190826

Not Applicable

Country

5. Certificate of Status Desired

☐ **\$5.00** Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

10.	ADDITIONS/CHANGES
-----	-------------------

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000899076
STREET ADDRESS	04/28/08-80024-004 138.75
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

SIGNATURE:

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

Date _____

Daytime Phone #