

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024118

Entity Name: CONCRETE TRIO LLC

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

250 HENDERSON ST
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

250 HENDERSON ST
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 20-4433402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHESTNUT, JAMES
250 HENDERSON ST
CRESTVIEW, FL 32539 US

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: CHESTNUT, JAMES
Address: 250 HENDERSON ST
City-St-Zip: CRESTVIEW, FL 32539

Title: MGRM () Delete
Name: BELL, MICHAEL
Address: 3360 AUBURN RD
City-St-Zip: CRESTVIEW, FL 32539

Title: MGRM () Delete
Name: WEEKS, MICHAEL
Address: 5408 GOODWIN RD
City-St-Zip: CRESTVIEW, FL 32539

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:

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: JAMES CHESTNUT

MGRM

06/16/2009

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