

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

08-11-2008 90028 005 \*\*\*138.75

**DOCUMENT # L06000027512**

1. Entity Name

PETE'S CONCRETE & DESIGN LLC



Principal Place of Business

485 36TH AVE.  
VERO BEACH FL 32968

Mailing Address

485 36TH AVE.  
VERO BEACH FL 32968



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

485 36TH AVE.

3. Mailing Address

485 36TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/08)

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

4. FEI Number

25-7492077

Applied For

Not Applicable

Zip

32968

Country

U.S.A.

Zip

32968

Country

U.S.A.

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASSARA, PETER J  
485 36TH AVE.  
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

Name Peter J. Cassara

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

485 36TH AVE.

City Vero Beach

FL

Zip Code

32968

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

*Peter J. Cassara*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-15-08

**FILE NOW!!! FEE IS \$538.75**  
**Make Check Payable to Florida Department of State**  
**Due By September 3, 2008**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME CASSARA, PETER J  
STREET ADDRESS 485 36TH AVE.  
CITY-ST-ZIP VERO BEACH FL 32968

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:

*Peter J. Cassara*

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

7-15-08

Date

Daytime Phone #