
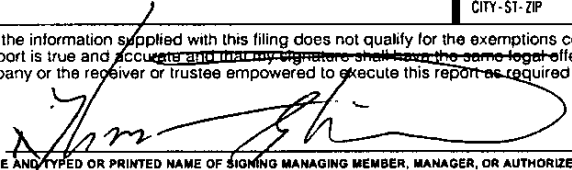


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
08 MAR 10 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L06000028130</b><br>1. Entity Name<br><b>ECONOMICAL CONCRETE WORKS LLC</b>   |  |  |  |  |  |
| Principal Place of Business<br><b>907 COBLE DRIVE<br/>TALLAHASSEE, FL 32301</b>  |  |  | Mailing Address<br><b>907 COBLE DRIVE<br/>TALLAHASSEE, FL 32301</b>  |   |  |
| 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  |   |  |
| 6. Name and Address of Current Registered Agent  |  |  |  | 7. Name and Address of New Registered Agent                                       |  |
| STRICKLAND, THOMAS L<br>907 COBLE DRIVE<br>TALLAHASSEE, FL 32301   |  |  |  | Name  |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|  |  |  |  | City  |  |
|  |  |  |  | FL Zip Code   |  |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$277.50</b>   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |  | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>STRICKLAND, THOMAS C<br/>907 COBLE DRIVE<br/>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>500120747175<br/>03/19/08--01035--021 **277.50</b>                           |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE <b>mgrm</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Lester Davis<br/>2117 Old Bainbridge Rd<br/>Tallahassee FL 32303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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>   |  |  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |  | Date _____ Daytime Phone # _____  |  |

**REINSTATEMENT**  
2007-08