

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90121 033 ****50.00

DOCUMENT # L06000045076

1. Entity Name
GARY'S CONCRETE PUMPING, L.L.C.



Principal Place of Business
**425 E. 11TH STREET
FROSTPROOF, FL 33843**

Mailing Address
**425 E. 11TH STREET
FROSTPROOF, FL 33843**

60055145



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06142007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

74-317 5871

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUBILEE BUSINESS SOLUTIONS, INC
8005 TIERRA VERDE DR.
TAMPA, FL 33617**

Name

GARY D. HOBBS

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

425 E. 11TH STREET

City

FROSTPROOF

FL

Zip Code

33843

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

Gary D Hobbs

8-24-07

**Filing Fee is \$50.00
Due by September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOBBS, GARY D
425 EAST 11TH STREET
FROSTPROOF, FL 33843** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOBBS, CHRISTOPHER
2512 ARBUCKLE ROAD
FROSTPROOF, FL 33843** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ 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.

SIGNATURE:

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

Date

Daytime Phone #

Gary D Hobbs

8-24-07