

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90371 029 ***138.75

DOCUMENT # L06000048305

1. Entity Name
CONCRETE BENDERS LLC



Principal Place of Business
**133 14TH STREET
SAINT AUGUSTINE, FL 32080**

Mailing Address
**133 14TH STREET
SAINT AUGUSTINE, FL 32080**

50005872



2. Principal Place of Business - No P.O. Box #
2745 INDUSTRY CONTR RD.
Suite, Apt. #, etc.
#7

3. Mailing Address
2745 INDUSTRY CENTER RD.
Suite, Apt. #, etc.
#7

05142008 Chg-LLC CR2E083 (12/06)

City & State
SAINT AUGUSTINE
Zip
32084

City & State
SAINT AUGUSTINE
Zip
32084

Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SALVIA, DARRELL P
1200 PLANTATION ISLAND DRIVE
230
ST. AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent

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 reselecting)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROJAS, NATHAN S
133 14TH ST
SAINT AUGUSTINE, FL 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROJAS, SIRGO V
133 14TH ST
SAINT AUGUSTINE, FL 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
— ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
— ☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
— ☐ Delete

10. ADDITIONS/CHANGES

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

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

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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 #

5.14.2008 (904) 614-6367