

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90188 006 ****50.00

DOCUMENT # L06000048816	
1. Entity Name ELMORE CONCRETE & PUMP LLC	

Principal Place of Business 12820 CLEAR CREEK RD YOUNGSTOWN FL 32466	Mailing Address PO BOX 1068 YOUNGSTOWN FL 32466
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2. Principal Place of Business - No P.O. Box # 12820 Clear Creek Rd Suite, Apt. #, etc.	3. Mailing Address PO Box 1068 Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Youngstown	City & State FL	4. FEI Number 20-4852928	Applied For <input type="checkbox"/> Not Applicable
Zip 32466	Country	Zip 32466	Country

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ELMORE, JAMES W 12820 CLEAR CREEK RD YOUNGSTOWN FL 32466	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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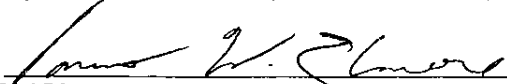
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELMORE, JAMES W 12820 CLEAR CREEK RD YOUNGSTOWN FL 32466 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  (850) 722-6751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #