

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064871

Entity Name: SPURLOCK PAVERS, LLC

FILED
Jul 03, 2008
Secretary of State

Current Principal Place of Business:

37 PINE CREST LANE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

37 PINE CREST LANE
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 20-2799875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPURLOCK, MARK T
37 PINE CREST LANE
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC
813 DELTONA BLVD.
STE. A
DELTONA, FL 32725 US

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.

SIGNATURE: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC

07/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPURLOCK, MARK T
Address: 37 PINE CREST LANE
City-St-Zip: PALM COAST, FL 32164

Title: MGR (X) Delete
Name: SPURLOCK, HEATHER
Address: 37 PINE CREST LANE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTINA CLARK FOR MARK T SPURLOCK

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07/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date