## **2007 LIMITED LIABILITY COMPANY** ANNUAL REPORT (AR)

## DOCUMENT # L06000069279

1. Entity Name

## T & M CONCRETE LLC

FILED Feb 07, 2007 8:00 am Secretary of State 02-07-2007 90115 004 \*\*\*\*50.00



Sept	Principal Place of Business		Mailing Address								
2. Principal Place of Business - No P.O. Box #   2. Mailing Applies to Suite. Appl. # 606	ORLANDO FL 32810		ORLANDO FL 32860739								
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20p	Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	1st MOORE CR2E083 (10/06)				
Country   Coun	City & State		City & State								
MCCRELESS, TIMOTHY C 33621 SHADY GROVE CIRCLE ORLANDO FL 32810  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  ***SIGNATURE***  **SIGNATURE**  **SIG	Zip .	Country	Zip Count		ry		5 Certificate of Status Desired > \$5.00 /			ditional	
MCCRELESS, TIMOTHY C 3621 SHADY GROVE CIRCLE ORLANDO FL 32810  City FL Zip Codo  City FL Zip Codo  8. The above named drilly submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Ferida. I am familiar with, and accept the obligations of registered agent agen	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
Street Address (P.O. Box Number is Nos Acceptable)   Street Address (P.O. Box Numbe						Name					
ORLANDO FL 32810   City   FL   Zip Code	MCCRELESS, TIMOTHY C										
B. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the both substance of registered agent.    Signature   Sig	362   ORI	21 SHADY GROVE CIRCLE LANDO FL 32810			- Juect Add		iber is Not Acceptab				
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Note   Part	SIGNATURE										
Make Check Payable > Florida Department of State Due SYMP 1, 2007    MGR											
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES    IIII	Make Check Payable to Florida Department of State										
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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 reservor or trustoe empowered to execute this report as required by Chapter 608, Florida Statutes.

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

TIMOTHY C, MICERELESS

1-30-07

407276-6145