

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069279

Entity Name: T & M CONCRETE LLC

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

3621 SHADY GROVE CIRCLE  
ORLANDO, FL 32810 US

## New Principal Place of Business:

## Current Mailing Address:

P.O BOX 607398-7398  
ORLANDO, FL 32860-739 US

## New Mailing Address:

FEI Number: 84-1714010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCRELESS, TIMOTHY C  
3621 SHADY GROVE CIRCLE  
ORLANDO, FL 32810 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MCCRELESS, TIMOTHY C  
Address: 3621 SHADY GROVE CIRCLE  
City-St-Zip: ORLANDO, FL 32810 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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Name:  
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City-St-Zip:

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Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition  
Name: MCCRELESS, TIMOTHY C  
Address: 6339 SUMMIT DRIVE  
City-St-Zip: ORLANDO, FL 32810

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City-St-Zip: ORLANDO, FL 32810

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: TIMOTHY C. MCCRELESS

MGR

04/20/2009

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