

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071862

FILED
Jul 17, 2008
Secretary of State

Entity Name: EAGLE READY MIX TRANSPORTATION LLC

Current Principal Place of Business:

16880 GATOR RD.
#204
FORT MYERS, FL 33912 US

Current Mailing Address:

120 CEDAR JUNCTION
WELDON SPRING, MO 63304 US

New Principal Place of Business:

7600 ALICO ROAD SUITE
12-7
FORT MYERS, FL 33912 US

New Mailing Address:

7600 ALICO ROAD SUITE
12-7
FORT MYERS, FL 33912 US

FEI Number: 20-5590616 **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:

EISENBATH, KEVIN R
16880 GATOR RD.
#204
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

EISENBATH, KEVIN R
7600 ALICO ROAD SUITE
12-7
FORT MYERS, FL 33912 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: KEVIN EISENBATH

07/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EISENBATH, KEVIN R
Address: 120 CEDAR JUNCTION
City-St-Zip: WELDON SPRING, MO 63304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EISENBATH, KEVIN R
Address: 7600 ALICO ROAD SUITE 12-7
City-St-Zip: FORT MYERS, FL 33912

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: KEVIN EISENBATH

MEMB

07/17/2008

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