

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078369

FILED
Apr 22, 2009
Secretary of State

Entity Name: TRIPLE J CONCRETE PUMPING, LLC

Current Principal Place of Business:

15667 TANGERINE BLVD.
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 458
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 20-5342628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOY, CAROLYN C
15667 TANGERINE BLVD.
LOXAHATCHEE, FL 33470 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: MGRM () Delete
Name: JOY, CAROLYN C
Address: 15667 TANGERINE BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM () Delete
Name: JOY, JUSTIN J
Address: 15667 TANGERINE BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM () Delete
Name: JOY, JASON J
Address: 15667 TANGERINE BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: JOY, JAMES E
Address: 15667 TANGERINE BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: CAROLYN C. JOY

MGRM

04/22/2009

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