

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000087071

FILED
Mar 06, 2008
Secretary of State**Entity Name:** TRI-COUNTY CONCRETE CUTTING, LLC**Current Principal Place of Business:**5415 NW 24TH ST
SUITE 103
MARGATE, FL 33063 US**New Principal Place of Business:****Current Mailing Address:**5415 NW 24TH ST
SUITE 103
MARGATE, FL 33063 US**New Mailing Address:****FEI Number:** 20-2548799 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ELIA, STEVEN
5415 NW 24TH STREET, SUITE 103
MARGATE, FL 33063 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: ELIA, STEVEN
Address: 5415 NW 24TH ST, SUITE 103
City-St-Zip: MARGATE, FL 33063 US**Title:** MGRM () Delete
Name: TOLOMEO, RICHARD
Address: 5415 NW 24TH ST, SUITE 103
City-St-Zip: MARGATE, FL 33063 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: BONILLA, ABEL
Address: 5415 NW 24 STREET SUITE 103
City-St-Zip: MARGATE, FL 33063 US

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: STEVEN ELIA

MGR

03/06/2008

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