

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90267 023 \*\*\*138.75

**60018254**



03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number **32-0182053** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L06000093577**

1. Entity Name  
**SOUTH FLORIDA CONCRETE BLOCK, LLC**



Principal Place of Business

**5800 SW 177 AVE  
SUITE 101  
MIAMI, FL 33196**

Mailing Address

**5800 SW 177 AVE  
SUITE 101  
MIAMI, FL 33196**

2. Principal Place of Business - No P.O. Box #

**5800 Sw. 177 Ave**

3. Mailing Address

**5800 Sw 177 Ave**

Suite, Apt. #, etc.

**Suite 101**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33193-5300**

Country

Zip

**33193-5300**

Country

6. Name and Address of Current Registered Agent

**RINALDI, SERGIO  
7054 NW 115 COURT  
DORAL, FL 33178**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **RINALDI, JORGE**  
STREET ADDRESS **7074 NW 115 COURT**  
CITY-ST-ZIP **DORAL, FL 33178**

TITLE **MGRM** ☐ Delete  
NAME **RINALDI, SERGIO**  
STREET ADDRESS **7054 NW 115 COURT**  
CITY-ST-ZIP **DORAL, FL 33178**

TITLE **MGRM** ☐ Delete  
NAME **ABILLEIRA, SERGIO**  
STREET ADDRESS **13941 SW 108 STREET**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Sergio Rinaldi* **Sergio Rinaldi**

**3/26/08**

**305 4083444**

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

Date

Daytime Phone #