

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101699

**FILED**  
**Mar 12, 2007**  
**Secretary of State**

**Entity Name:** ABLE CONCRETE AND GRADING, LLC

**Current Principal Place of Business:**

1675 W HWY 98 #102  
#102  
MARY ESTHER, FL 32569 US

**Current Mailing Address:**

1675 W HWY 98 #102  
#102  
MARY ESTHER, FL 32569 US

**New Principal Place of Business:**

1675 W HWY 98  
#102  
MARY ESTHER, FL 32569 US

**New Mailing Address:**

1675 W HWY 98  
#102  
MARY ESTHER, FL 32569 US

**FEI Number:** 61-1511431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FARRELL, SANDRA L  
1675 W HWY 98  
#102  
MARY ESTHER, FL 32569 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: FARRELL, MICHAEL S SR.  
Address: 1675 W HWY 98 #102  
City-St-Zip: MARY ESTHER, FL 32569 US

Title: MGRM ( ) Delete  
Name: FARRELL, SANDRA L  
Address: 1675 W HWY 98 #102  
City-St-Zip: MARY ESTHER, FL 32569 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** SANDRA L. FARRELL

MGRM

03/12/2007

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