I MITTED LADIE IT

## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

ÉII FD

			\ <del>-</del>	٦	IILLU
DOCUMENT # L06000109270					
1. Entity Name			07 SEP 26 PM 12: 39		
PEBBLES AND PAVERS LLC				QEA	PETARY OF STATE
				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THE SPACE				W. V.	REPOSEE I COMBI
	marran main	CONTROL (1980) (1980) (1980) (1980)	AV5		
		<u> </u>			
Princing	Place of Business	3. Mailing Address	5		
17 001	Sasunsa	PO BOX 746	_		
HAR BUT		Suite, Apt. #, et	С.	DO NOT WRITE IN	THIS SPACE
City & St	herfield, 71	City & State WEIRSDALE, FL		4. FEI Number 41-2223777	Applied For Not Applicable
70/11/	Country	Zip	Country		\$5.00 Additional
294	9/	32195-0746	]	5. Certificate of Status Desired	Fee Required
			7	. Name and Address of Curre	nt Registered Agent
46,576,68			Name		
	രെസ്മാസ	and ·	BRENDA L RA		A
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			s (P.O. Box Number is Not Acceptable) SET HARBOR RD #4		
	ESELT W	are say	11001 32 301	IOCT HANDON NO #4	
		Maria Maria di Ka	City	_	FL Zip Code
			SUMMERFIEL		01101
8. The above	ve named entity submits t	inis statement for the	purpose of changing i	ts registered office or registe	ered agent, or both,
in the St	ate of Florida. I am familia	ar with, and accept the	e obligations of registe	is registered office or registered agent. SOC105 09/25/07010	9999628
SIGNATURE	=				42013 <b>**</b> 50 <b>.00</b>
SIGNATORE	Signature, typed or print	·			DATE
)		ed name of registered	agent and title if appl	icable.	
JONATORE		ed name of registered		icable.	
9.	Signature, typed or printe	ed name of registered	agent and title if appl	icable.	
9. TITLE	Signature, typed or printo  MANAGING MEMBERS	ed name of registered	agent and title if appl	icable.	
9. TITLE NAME	Signature, typed or printed  MANAGING MEMBERS  MGRM  BRENDA L RANKIN	ed name of registered	d agent and title if appl rience to the control of	icable.	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF	ed name of registered	d agent and title if appl rience to the control of	icable.	
9. TITLE NAME	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34	ed name of registered	Hagent and title if application (FET) (FE	icable.	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34	E/MANAGERS RBOR RD	d agent and title if appl rience to the control of	icable.	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	E/MANAGERS  RBOR RD 491	Hagent and title if application (FET) (FE	icable.	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSGELL C. RAN 11001 SE SUNGET	E/MANAGERS  RBOR RD 491	Hagent and title if application (FET) (FE	icable.	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	agent and title if application of the company of th	icable.	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	d agent and title if app  Filt (100)  Fayablono Department of  OURE 71.AV.  INC.  IN	icable.	DATE
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	d agent and title if applications of the second control of the sec	icable.	DATE
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	Agent and title if applications of the control of t	icable.	DATE SOLD TO SELECT THE SELECT TH
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	d agent and title if application of the property of the proper	icable.	DATE SOLD TO SELECT THE SELECT TH
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	Agent and title if app  FETTS COOD  PROVIDED DEPARTMENT OF  OUSET ADDRESS  CITYSTED  TITLE  NAME  STREET ADDRESS  CITYSTED  TITLE  NAME  STREET ADDRESS  CITYSTED  TITLE  NAME  STREET ADDRESS  CITYSTED  TITLE  TOTAL  TOT	icable.	DATE SOLD TO SELECT THE SELECT TH
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	d agent and title if application of the property of the proper	icable.	DATE SOLD TO SELECT THE SELECT TH
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	Agent and title if application of the company of th	icable.	DATE SOLD TO SELECT THE SELECT TH
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	Agent and title if application of the control of th	icable.	DATE SOLD TO SELECT THE SELECT TH
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	Agent and title if application of the control of th	icable.	DATE SOLD TO SELECT THE SELECT TH
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	d agent and title if app  Filt 1000 Payellono Department of  OUTER 71. AV.  ITTLE NAME STREET ADDRESS CHASTED  TITLE NAME STREET  T	icable.	DATE SOLD TO SELECT THE SELECT TH
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	d agent and title if app  Filt 1000 Payellono Department of  OUTER 71. AV.  ITTLE NAME STREET ADDRESS CHASTED  TITLE NAME STREET  T	icable.	DATE SOLD TO SELECT THE SELECT TH
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	Agent and title if app  FETTS (100)  FRANCISCO DEPARTMENT OF OUTER ALL AVI.  FILE  NAME  STREET ADDRESS  CITYSTEP  TITLE  NAME  STREET ADDRESS	icable.	DATE SOLD TO SELECT THE SELECT TH
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS MGRM BRENDA L RANKIN 11001 SE SUNSET HAF SUMMERFIELD, FL. 34 MGR RUSSELL C. RAN	EMANAGERS  RBOR RD 491  UKLINI TR. HARBOR RD	Agent and title if app  Filt 1000 Payablono Department of  OTHER TAXAS  TITLE NAME STREET ADDRESS CITYSTEP  TITLE NAME STREET ADDRESS CITYSTEP  TOTAL STREET  TOTAL STREET  TOTAL STREET  TOTAL STREET  TOTAL STREET  TOT	icable.	DATE SOLD TO SELECT THE SELECT TH

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

IGNATURE: Sund Sund MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #