

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109414

FILED
Mar 19, 2009
Secretary of State

Entity Name: DESIGNCRETE PLUS LLC

Current Principal Place of Business:

1301 SOUTH PATRICK DR
SUITE 67
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

1301 SOUTH PATRICK DR
SUITE 67
SATELLITE BEACH, FL 32937 US

New Mailing Address:

301 WIMICO DR
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 35-2283331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOOD, MELANIE D
301 WIMICO DR
INDIAN HARBOR BEACH, FL 32937 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: WOOD, MELANIE D
Address: 301 WIMICO DR
City-St-Zip: INDIAN HARBOR BEACH, FL 32937 US

Title: MGRM () Delete
Name: BRANNON, JONATHAN D
Address: 301 WIMICO DR
City-St-Zip: INDIAN HARBOR BEACH, FL 32937 US

Title: MGRM () Delete
Name: BRAGG, DANIELLA
Address: 775 E CRISTAFULLI RD
City-St-Zip: MERRITT ISLAND, FL 32953 US

ADDITIONS/CHANGES:

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

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 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: MELANIE WOOD

MGR

03/19/2009

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