

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 16, 2008 8:00 am
Secretary of State

04-29-2008 90031 002 ***138.75

DOCUMENT # L07000009418
1. Entity Name **Keicah O. Tribue DBA T'S CONCRETE LLC**
(Keicah O. Tribue DBA T's Concrete)



Principal Place of Business
402 ELAINE AVENUE NW
FORT WALTON BEACH, FL 32548 US

Mailing Address
P.O. BOX 1782
FORT WALTON BEACH, FL 32549 US

30009369



| | | | | | | |
|--|---------------|--|---------|--|-------------------------------|-----------------|
| 2. Principal Place of Business - No P.O. Box 402 Elaine Avenue NW Suite, Apt. #, etc. (same as above) | | 3. Mailing Address same as above Suite, Apt. #, etc. | | 04092008 | Chg-LLC | CR2E083 (12/06) |
| City & State Fort Walton Bch FL | | City & State | | 4. FEI Number 59-3666110 | Applied For Not Applicable | |
| Zip 32548 | Country US | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent KEICAH ROUSE 402 ELAINE AVENUE NW FORT WALTON BEACH, FL 32548 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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 | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR ROUSE, KEICAH O 402 ELAINE AVENUE NW FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Keicah Rouse (850) 244-5283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT

30009369

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2008

T'S CONCRETE LLC
P.O. BOX 1782
FORT WALTON BEACH, FL 32549 US

Subject: T'S CONCRETE LLC

Reference Number: **L07000009418**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/kd

ANNUAL REPORTS SECTION

I spoke with IRS in reference to my FEI number
and I was informed it must be written as: Keicah O. Tribue
DBA T's Concrete