

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90064 026 \*\*\*138.75

**DOCUMENT # L07000017283**

1. Entity Name

**ACTION CONCRETE UNLIMITED, LLC**



Principal Place of Business

**28720 SOUTH DIESEL DRIVE  
#13  
BONITA SPRINGS FL 34135  
US**

Mailing Address

**PO BOX 112948  
NAPLES FL 34108**



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

**28741 SOUTH DIESEL DR.**

3. Mailing Address

Suite, Apt. #, etc.

**#2**

Suite, Apt. #, etc.

City & State

**BONITA SPRINGS, FL**

City & State

Zip

**34135**

Country

Zip

Country

4. FEI Number

**208440777**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**THE LAW OFFICE OF CHRIS CONA PA  
4280 TAMiami TRAIL EAST, 101  
NAPLES FL 34112**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
KEYES, KERRI  
PO BOX 112948  
NAPLES FL 34108**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Kerri Ann Keyes*

**2/7/08 239-947-6737**

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

Date

Daytime Phone #