

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

03-24-2008 90239 026 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000019202			
1. Entity Name PROVIDENT CONCRETE PRODUCTS OF FLORIDA, LLC			
Principal Place of Business 10689 N. KENDALL DRIVE 310 MIAMI, FL 33176 US		Mailing Address 10689 N. KENDALL DRIVE 310 MIAMI, FL 33176 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-8523737		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01072008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent DET H. JOKS, P.A. 10689 N. KENDALL DRIVE 310 MIAMI, FL 33176		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 remaining)			
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	MGRM VENINGA, GENE 508 THORINGTON COURT GREER, SC 29651 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM STEBBINS, MARK PO BOX 4430 MANCHESTER, NH 03108 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PARKS, TOM 6 SUFFOLK COURT BEDFORD, NH 03110 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition
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: <u>(THOMAS PARKS)</u> Signature and typed or printed name of signing managing member, manager, or authorized representative		Date: <u>3/18/08</u> 207-284.2610 Date Daytime Phone #	